



**Funding for Health in Africa:
Mapping the United States Foundation Landscape
2000-2002**

**A Report of the Africa Grantmakers' Affinity Group
October 2004**

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About the Africa Grantmakers' Affinity Group

The Africa Grantmakers' Affinity Group (AGAG) is a membership organization of foundations currently funding or interested in funding in Africa. AGAG has its roots in the South Africa Grantmakers' Affinity Group, a loose network of donors involved in South Africa during the 1980s. In 2000, this group was reconstituted as the Africa Grantmakers' Affinity Group and expanded its mandate to include all of Africa. In 2001, AGAG established an office and began the process of growing from a loose network of foundations into a formal organization.

AGAG carries out a range of activities to further its mission to promote increased and more effective funding by foundations for Africa. It has 35 private and corporate foundation members, primarily in the United States, but also including foundations based in Europe and Africa. AGAG seeks to establish itself as a forum for foundations to exchange information and to explore strategies to work together to better address Africa's development challenges.

AGAG has prepared this report on foundation funding for health in Africa as part of its strategic effort to build and share knowledge about the field of grantmaking in Africa. We hope this report will serve as a resource for the philanthropic community and other stakeholders.

For further information on AGAG and its activities, please consult the AGAG website, www.africagrantmakers.org. For copies of this report, contact agag@africagrantmakers.org.

Niamani Mutima, Director
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I. ABOUT THIS REPORT

This report presents an overview of funding by foundations based in the United States for health-related activities in Africa for the three-year period from 2000 through 2002. We selected this period in order to cast a wide enough net to both include as many foundations as possible and to capture an up-to-date profile of health funding throughout the continent. The report describes funding to countries and regions in Africa, and it examines the amount of funding and the number of grants for seven general health categories and eight general funding areas.

Sections II and III respectively summarize and introduce this report. Section IV analyzes the funding by foundations that do not regularly fund in Africa but did so during the period covered by the report. Section V analyzes the funding by foundations that make grants to Africa as part of their regular program focus. Section VI gives general information about funding by several bilateral and multilateral donors (the United States Agency for International Development, the Centers for Disease Control and Prevention, the World Bank, and the Global Fund for AIDS) because of their significant role in supporting health initiatives in Africa. However, given the scope and intent of this report, which is to provide an overview of health funding in Africa by foundations in the United States, we did not include financial information about these bilateral and multilateral organizations. The report is not intended to be an all-inclusive picture of all U.S. foundation funding in Africa but rather to provide an overview and to serve as a resource for funders already supporting health in Africa, funders interested in becoming involved in supporting health and health-related activities in Africa, and other stakeholders.

The Africa Grantmakers' Affinity Group (AGAG) intends to distribute this report to the philanthropic community as part of meeting its strategic goals to build and share knowledge about U.S. foundation funding in Africa. AGAG also plans to identify opportunities to share the key findings in this report and to use it as a departure point for discussion among grantmakers as part of its mission to promote increased and more effective foundation funding in Africa.

This report raises several questions about the current funding landscape and the overall funding patterns of foundations:

- How can foundations working in Africa in health and health-related areas share information about their activities and explore areas of collaboration and synergy?
- What type of information adds value to the work of foundations currently funding and interested in funding health in Africa?
- How can information about foundation funding in Africa be used by organizations working in health and related areas in Africa to strengthen their work?
- In what ways can foundations that are funding at different levels in the same country or area work together to strengthen the impact of their funding? Is there value for their grantees in this type of collaboration? If so, what value could it have?
- What key successful elements for working in health in Africa (in specific countries, regions, and initiatives) can be adapted for use by other foundations that are using similar or related entry points or approaches to their grantmaking in Africa?

II. SUMMARY

The foundations surveyed for this report were divided into two groups, irregular and regular funders. Irregular funders made two or fewer grants for health in Africa from 2000 to 2002 or view grantmaking in Africa as outside their regular funding guidelines. Regular funders made more than two grants for health in Africa from 2000 to 2002 and regularly fund in Africa.

Irregular funders contributed \$11.6 million to health care in Africa. Most funding (97%) went to organizations based in the United States. Organizations in Africa received \$301,000, reflecting only 38% of the number of grants and 2.6% of funding.

Family Planning and Reproductive Health received the largest amount of funding (\$10 million, or 85%). Infectious Disease-related activities received the largest number of grants (43%) but only \$641,000 (6%) in funding. In eight type-of-work categories, most of the funding (\$10 million, or 85%) went to support initiatives related to Mother to Child HIV Transmission Prevention and Treatment.

South Africa received the majority of funding (\$10 million, or 87%), and Africa-wide initiatives received the second largest amount (\$640,000, or 6%).

The four top irregular funders were the Starr Foundation (\$5 million), the Robert Wood Johnson Foundation (\$4.9 million), the William H. Donner Foundation (\$500,000), and the Raskob Foundation (\$211,000).

Regular funders contributed \$2.6 billion to health care in Africa. Although we have primarily focused on the funding pool as a whole in this report, we have also taken account of the significant amount of funding by the Bill and Melinda Gates Foundation. This single foundation was responsible for \$2.38 billion (91.8%) of the total funding by regular funders and made a significant impact on funding patterns for health in Africa during the period examined in this report.

The majority of funding (94%) went to organizations based in the United States; however, when funding from the Gates Foundation was excluded, \$108.4 million (50%) went to organizations based in Africa.

Infectious Diseases received the majority of funding, \$1.32 billion (52%). Nutrition and Food Security ranked second in funding, \$711 million (28%). Child and Adolescent Health and Survival, and Women's Health and Rights collectively received \$50.4 million (more than 3%). In eight type-of-work categories, the majority of the funding went to General Support, and to Education and Prevention, respectively, \$1.3 billion (52%) and \$1.08 billion (42%). (For purpose of this report, the General Support category included grants given for general support and grants supporting two or more of the eight type of work categories).

The top five countries ranked by the overall amount of funding received were Mozambique (\$1.05 billion), Kenya (\$1.007 billion), Botswana (\$123 million), South Africa (\$104 million), and Nigeria (\$42.5 million). The large proportion of funding by the Gates Foundation for specific countries made a significant impact on this ranking. When Gates Foundation funding was excluded, the top five countries were South Africa (\$82.5 million), Nigeria (\$16.7 million), Ethiopia (\$10.6 million), Kenya (\$7.5 million), and Ghana (\$5.3 million).

The top four regular funders were the Bill and Melinda Gates Foundation (\$2.4 billion), Atlantic Philanthropies (\$40.8 million), the United Nations Foundation (\$39.3 million), and the Rockefeller Foundation (\$33.3 million).

III. INTRODUCTION

This report provides an overview of the funding landscape for health in Africa by foundations based in the United States from 2000 to 2002. In preparing the report, we used the Foundation Center's definition of a foundation to determine the qualifying criteria for inclusion, and we limited the scope to foundations that made at least one grant for health in Africa from 2000 to 2002.

We collected data from July 2003 to February 2004 through a survey sent to 62 foundations. Information not available directly from a foundation was culled from the foundation's website and annual reports (see Appendix A for the text of the survey). Two foundations—the Izumi Foundation and the Merck Foundation—declined inclusion, and adequate public information was not available regarding their grantmaking activities to include them in this report. Fifty-three foundations are included in this report, and sufficient financial information was available for 48 of them (see Appendix B for a list of the foundations included, and Appendix C for the research design and methodology for including foundations).¹

For the purposes of this report, foundations were placed in one of two distinct groups based on fundamental differences in their grantmaking:

Irregular funders are foundations that made two or fewer grants for health in Africa from 2000 to 2002 or that described grantmaking in Africa as outside their regular funding guidelines (meaning that their grants for health in Africa were rare exceptions or anomalies in their funding patterns).

Regular funders are foundations that made more than two qualifying grants for health in Africa from 2000 to 2002 and that regularly fund in Africa, even if they do not fund health as a direct focus of their work.

The foundations surveyed generally described the geographic focus of their health-related funding in Africa as targeted to a country or a region, or to Africa-wide or global initiatives. We characterized the grants covered in this report using the designation supplied by each foundation. However, so that we could make comparisons on the basis of this information, we also developed seven general health categories and eight categories for the type of work supported (these categories are for this report only and do not necessarily mirror how a foundation classifies its funding. See appendix C for details on how grants were classified):

Health Categories

1. Child and Adolescent Health and Survival
2. Environmental Health
3. Family Planning and Reproductive Health
4. Infectious Diseases
5. Nutrition and Food Security
6. Primary Health and Other
7. Women's Health and Rights

Type of Work

1. Direct Care
2. Education and Prevention
3. General Support and Other
4. Health Systems Improvement and Capacity Building
5. Mother to Child HIV Transmission, Prevention and Treatment
6. Policy
7. Research
8. Training and Education of Health Care Professionals

¹ The 3 of the 53 foundations for which there was not sufficient financial information for inclusion in this report are the Elizabeth Glaser Pediatric AIDS Foundation, the Henry J. Kaiser Family Foundation, and the Medtronic Foundation.

IV. IRREGULAR FUNDERS

Sixteen foundations were classified as irregular funders. Financial information was analyzed for 15 of these 16 foundations, which made 37 grants, totaling almost \$11.6 million, for health care in Africa.

The four top funders were the Starr Foundation (\$5 million), the Robert Wood Johnson Foundation (\$4.9 million), the William M. Donner Foundation (\$500,000), and the Raskob Foundation (\$211,000).

The majority of both the funding (97%) and the number of grants (62%) went to organizations based in the United States. Organizations in Africa received \$301,000, reflecting only 38% of the total number of grants. All but two of these grants were for country-specific projects, of which \$186,000 (62%) was supported by one foundation, the Raskob Foundation for Catholic Activities, a family foundation that typically funded health system improvement and capacity building through Catholic-affiliated organizations and projects.

Health Category	Amount of Funding	Percentage of Total Funding	Number of Grants
Family Planning and Reproductive Health	\$9,998,000	85%	3
Infectious Diseases	\$641,000	6%	16
Primary Health and Other	\$676,000	6%	7
Women's Health and Rights	\$205,000	2%	7
Child & Adolescent Health and Survival	\$74,000	1%	4
Total	\$11,594,000		37

As the table above shows, of the seven health categories, Family Planning and Reproductive Health received the largest amount of funding, almost \$10 million (85%), but this reflected only three (8%) of the total number of grants. Infectious Disease-related activities received the largest number of grants (43%) but only \$641,000 (6%) in funding. Four of these grants for Infectious Diseases went to the African Medical and Research Foundation—a non-governmental organization based in Nairobi working in HIV/AIDS, malaria, and tuberculosis—and two grants went to the South African Development Fund—a public charity foundation based in the United States supporting projects in South Africa. None of the irregular funders reported funding for Environmental Health or for Nutrition and Food Security.

Of the eight type-of-work categories, the majority of the funding went to activities related to supporting Mother to Child HIV Transmission Prevention and Treatment. Two of the three grants made in this category, totaling \$9.8 million, went to the Columbia University Mailman School of Public Health and came from the two top funders, the Starr Foundation and the Robert Wood Johnson Foundation.

General Support and Other received the second largest amount of funding, \$926,000 (8%), but received the largest number of grants, 14 (38%). Although Education and Prevention received the second largest number of grants, 10 (27%), it received only \$315,000 in funding. The remaining six categories shared \$681,000 (6%) of the total funding.

The total amount of funding was almost equally distributed between funding for country-specific projects (51%) and funding for Africa-wide (43%) or regional projects. Kenya and South Africa received the largest number of grants, with respectively 6 (32%), and 4 (21%) of the 19 country-specific grants.

V. REGULAR FUNDERS

Thirty-seven foundations were classified as regular funders, and financial information was analyzed for 34 of these 37 foundations, which made grants totaling \$2.6 billion for health care in Africa.² (For additional information on the regular funders included in this report see Appendix L.)

A distinction was made between the funding pool as a whole and the significantly large proportion of funding by one foundation, the Bill and Melinda Gates Foundation, which funds global health initiatives focused on the prevention and control of infectious diseases (including HIV/AIDS and tuberculosis) and Reproductive and Child Health.

The top four funders were the Bill and Melinda Gates Foundation (\$2.4 billion), Atlantic Philanthropies (\$40.8 million), the United Nations Foundation (\$39.3 million), and the Rockefeller Foundation (\$33.3 million).

The Gates Foundation accounted for \$2.38 billion of the total \$2.6 billion in funding. The majority of funding (99.95%) went to U.S.-based organizations for two categories—Infectious Diseases, \$1.2 billion (51%), and Nutrition and Food Security, \$709 million (30%).

Atlantic Philanthropies funded Infectious Disease-related activities through universities for research and policy initiatives, and it only funded in one country, South Africa.

The United Nations Foundation only funds through the United Nations and related agencies, and the majority of its funding went to Africa-wide initiatives for Child and Adolescent Health and Survival.

The Rockefeller Foundation funded regional and country-specific initiatives, with the majority of funding going to Research and to Family Planning and Reproductive Health.

An Overview of Grant Recipients

Organizations based in the United States received the majority of funding, \$2.4 billion (94%). Africa-based organizations received \$110 million (4%), and \$43 million (3%) went to United Nations agencies and organizations in Europe. Gates Foundation funding primarily went to organizations in the United States (\$2.38 billion, or 91.8%). Thus, removing Gates funding presents a more accurate overview of the funding from the majority of the foundations surveyed. The remaining funding totaled \$214 million; \$63.7 million (30%) went to organizations in the United States, \$108.4 million (50%) went to organizations in Africa, and \$43 million (20%) went to United Nations agencies and European-based organizations.

A. Geographic Focus

This subsection examines the geographic patterns of funding initiatives as described by the foundations surveyed, in the following ways:

- Global: funding targeted to worldwide initiatives, of which Africa is one geographic focus;
- Africa-wide: funding not targeted to any specific country or region of the continent;
- Region specific: funding targeted to a specific region or group of countries within Africa; and
- Country: funding targeted to a country within Africa.

² There was insufficient financial information to include the Conrad Hilton Foundation, the Elizabeth Glaser Pediatric AIDS Foundation, and the Henry J. Kaiser Family Foundation in this analysis.

1. Funding for Global Health Initiatives

Global health initiatives harness a large amount of foundation resources and involve a number of organizations and agencies working across a range of countries to combat a specific disease or set of diseases. A significant portion of this funding went to combat a range of diseases that affect Africa, especially infectious diseases. This report does not examine the geographic distribution of funds targeted for global initiatives, but the following six foundations collectively contributed more than \$29 million for global health initiatives, for which Africa was one focus:

1. Bill and Melinda Gates Foundation
2. David and Lucile Packard Foundation
3. John M. Lloyd Foundation
4. Open Society Institute
5. Rockefeller Foundation
6. Turner Foundation

Examples of the global initiatives and organizations supported by these foundations are the International Trachoma Initiative, the International Society for Infectious Diseases, the international Women's Health Coalition, the Population Council, and the Save the Children Federation.

2. Funding for Africa-Wide Initiatives

Funding for Africa-wide initiatives received \$158 million from 18 (53%) of the 34 foundations surveyed for this report. Funding from the Gates Foundation represents \$117 million (74%) of the total funding for Africa-wide initiatives, and the remaining \$41 million reflects funding by the other 33 foundations. The ExxonMobil Foundation and Rockefeller Foundation gave \$2.7 million for activities in Sub-Saharan Africa.

3. Region-Specific Funding within Africa

Region-specific funding targets a particular region or group of countries. The 34 foundations surveyed collectively funded region-specific initiatives totaling \$11.6 million. The majority of regional funding went to Southern Africa (\$7.2 million, or 62%) from 5 funders: Bill and Melinda Gates Foundation, Bristol-Myers Squibb Foundation, Ford Foundation, Open Society Institute, and United Nations Foundation.

The second largest amount of regional funding went to East Africa (\$1.4 million, or 12%) from the Ford, John M. Lloyd, Public Welfare, and Rockefeller Foundations. West African regional initiatives received the least amount of funding (\$300,000, or 3%), all of which came from the Rockefeller Foundation. During the period 2000-2002, none of the 34 foundations surveyed reported funding for region-specific health initiatives targeting Central Africa or North Africa.

4. Country-Specific Funding

Three of the top five countries receiving the most funding for health in Africa from 2000 to 2002 were in Southern Africa (see Appendixes D and E for detailed breakdowns of funding by country). Mozambique received the largest amount of funding (\$1.05 billion). Kenya had the second largest amount (\$1.007 billion), followed by Botswana (\$123 million), South Africa (\$104 million), and Nigeria (\$42.5 million).

The number of funders present in a particular country did not necessarily correlate with the amount of funding. For example, South Africa had the largest number of funders (28), but it ranked fourth in the amount of funding. Kenya had 13 funders and ranked second, but Botswana, with 3 funders, ranked third, while Nigeria, with 11 funders, ranked fifth.

The large proportion of funding by the Bill and Melinda Gates Foundation made a significant impact on the ranking of countries by funding. In Mozambique, funding from the Gates Foundation for emergency health relief due to flooding in the region accounted for all but \$1.14 million of funding to Mozambique. When Gates Foundation funding is excluded, funding to South Africa decreased from \$103.6 million to \$82.5 million (20%), and funding to Botswana decreased by 98%, from \$122.9 million to \$2.9 million.

When Gates Foundation funding is excluded, South Africa received the majority of funding (\$82.5 million), followed by Nigeria (\$16.7 million), Ethiopia (\$10.6 million), Kenya (\$7.5 million), and Ghana (\$5.3 million).

Seven foundations reported only funding in one country. Five foundations fund in South Africa: Atlantic Philanthropies, Charles Stewart Mott Foundation, Irene Diamond Fund, Levi Strauss Foundation, and Rockefeller Brothers Fund. The John D. and Catherine T. MacArthur Foundation only funds in Nigeria, and the J.F. Kapnek Charitable Trust only funds in Zimbabwe.

The map in Appendix D-1 depicts the countries receiving funding from 2000 to 2002 from regular funders. For comparison, countries are divided into five categories based on the number of funders. Appendices F and G give the total amount of funding from 2000 to 2002 for both irregular and regular funders.

B. Funding by Health Category

Individual foundations funded in more than one category, making it possible for 37 funders to report funding in each of the health categories.³

Infectious Diseases received the majority of funding, \$1.32 billion (52%). Although Nutrition and Food Security ranked second in funding, with \$711 million (28%), this amount probably does not reflect typical funding levels because it targeted health-related emergency flood relief in Mozambique.

Primary Health and Other ranked third with \$386.4 million (14%), and Family Planning and Reproductive Health trailed significantly behind with only \$106 million (4%).

Child and Adolescent Health and Survival, and Women's Health and Rights collectively received \$50.4 million (more than 3%), although both had approximately the same amount of funders and received the same number of grants. Environmental Health received the lowest amount of funding, \$96,000, with all funding from one foundation, the Global Greengrants Fund.

The ranking of funding by health category changes when funding by the Gates Foundation is omitted, which highlights this foundation's impact on the field. Infectious Diseases retains its top ranking, with \$95 million, reflecting that the majority of the other foundations share the Gates Foundation's priority on funding in this category. Family Planning and Reproductive Health moves to second, with \$45 million. Nutrition and Food Security drops from the second highest amount of funding, \$711 million, to the second smallest amount of funding, \$2 million.

The following table presents the funding by health category for the entire funding pool and the funding by health category, excluding the Gates Foundation.

Health Category	Total Funding (All Regular Funders)	Total Funding (Excluding Gates)
Child and Adolescent Health and Survival	\$45,629,000	\$1,375,000
Family Planning and Reproductive Health	\$106,610,000	\$45,330,000
Women's Health and Rights	\$4,838,000	\$4,838,000

³ In this analysis, there was insufficient information to classify grants from the Conrad Hilton Foundation, the Elizabeth Glaser Pediatric AIDS Foundation, the Global Fund for Women, and the Pfizer Foundation.

Infectious Diseases	\$1,318,226,000	\$94,827,000
Nutrition and Food Security	\$711,154,000	\$2,154,000
Environmental Health	\$96,000	\$96,000
Primary Health and Other	\$368,436,000	\$15,341,000
Total	\$2,554,989,000	\$173,961,000

C. Funding by Type of Work

There were 362 grants categorized by type of work, which accounts for \$2.576 billion of the total \$2.6 billion discussed in the section on health categories. All grants were assigned to one of the eight type-of-work categories. Only 32 foundations are included in this section.⁴ There was not sufficient information to categorize grants from 5 of the foundations; however, total funding from 3 of the 5 foundations is included in the total of \$2.6 billion.

The General Support and Other category includes all grants given for general support of programs and grants that fell into two or more of the eight type-of-work categories, accounting in part, for this category receiving both the largest amount of funding, \$1.3 billion (52%), and the largest number of grants (100). The top four funders in this category were the Bill and Melinda Gates Foundation (\$1.2 billion), United Nations Foundation (\$9.2 million), Rockefeller Foundation (\$7.1 million), and David and Lucile Packard Foundation (\$7.4 million).

Education and Prevention received the second largest amount of funding, \$1.08 billion (42%), and the second largest number of grants, 94 (26%), which were made by 24 (75%) of the funders. The top 4 foundations in this category were the Bill and Melinda Gates Foundation (\$1.076 billion), David and Lucile Packard Foundation (\$5.9 million), United Nations Foundations (\$4.6 million), and John D. and Catherine T. MacArthur Foundation (\$2.8 million).

Research received the third largest amount of funding, \$72 million. The top funders in this category were the Bill and Melinda Gates Foundation (\$19 million), Burroughs Wellcome Fund (\$14 million), Rockefeller Foundation (\$14 million), and Atlantic Philanthropies (\$13 million).

Health Systems Improvement received the fourth largest amount of funding (\$40 million). The top three funders were Atlantic Philanthropies (\$25 million), Bill and Melinda Gates Foundation (\$5 million), and David and Lucile Packard Foundation (\$4 million).

Mother to Child HIV Transmission, Prevention and Treatment received \$34.8 million in funding from the smallest number of grants, 12 (3%). The United Nations Foundation (\$24 million), Rockefeller Foundation (\$6.01 million), and Doris Duke Charitable Foundation (\$2.1 million) were the top three funders in this category. The David and Lucile Packard Foundation and the William and Flora Hewlett Foundation both ranked fourth, with each funding \$1 million for this type of work.

Policy, Direct Care, and the Training and Education of Health Care Professionals together received \$22.6 million, less than 1% of funding. The Rockefeller Foundation provided the most funding for Policy (\$2.4 million), and the Bill and Melinda Gates Foundation provided the most funding for Direct Care (\$5 million). The top funders for Training and Education of Health Care Professionals were Bristol-Myers Squibb (\$3.2 million) and the Carnegie Corporation of New York (\$2 million).

The ranking of funding by the type of work category changes when funding from the Gates Foundation is excluded. Research received the largest amount of funding, \$53 million (27%). Mother to Child HIV Transmission Prevention and Treatment, Health System Improvement, and General Support rank second; each received approximately the same amount of funding, \$34 million (17%). Education and Prevention drops to third, with \$24 million (12%) funding.

⁴ The Conrad N. Hilton Foundation, the Global Fund for Women, and the Pfizer Foundation are included in these funding totals. Financial information was not available for the Elizabeth Glaser Pediatric AIDS Foundation and the Henry J. Kaiser Foundation.

The following table depicts the funding and percentage of grants by all funders and the amount of funding for each type-of-work category when funding from the Gates Foundation is excluded.

Type-of-Work Category	Total Funding (All Funders)	% of Grants (All funders)	Total Funding (Excluding Gates)
Research	\$72,327,000	15%	\$53,377,000
Policy	\$4,342,000	5%	\$4,342,000
Education and Prevention	\$1,078,823,000	26%	\$24,272,000
Mother to Child HIV	\$34,779,000	3%	\$34,779,000
Direct Care	\$10,307,000	7%	\$5,133,000
Health Systems Improvement	\$40,038,000	8%	\$34,864,000
Training and Education of Health Care Professionals	\$7,979,000	8%	\$7,979,000
General Support and Other	\$1,327,731,000	28%	\$30,847,000
Total	\$2,576,326,000		\$195,593,000

D. Funding by Type of Work and Geographic Focus

Of the 362 grants categorized by type of work and geographic focus, 301 (83%) were earmarked for specific countries, accounting for 93% of the total amount of funding. Africa-wide grants accounted for the second largest number of grants, with 9% of the total number of grants but only 6% of total funding.

Of the 362 grants, 10 were for global initiatives, totaling \$7.9 million. Health System Improvement and Capacity Building received the largest amount of funding, with \$5.9 million (75%), followed by Mother to Child HIV Transmission, at \$1 million (13%). General Support, Research, and Education and Prevention shared the remaining \$100,000, with each averaging 4% of the funding. There was no global funding for Policy, Direct Care, or Training and Education of Health Care Professionals.

Funding for Africa-wide initiatives received \$158 million (6%) of the total funding pool, but the Gates Foundation accounted for \$117 million (74%) of the total funding. The majority of funding, \$102.8 million (66%), went to General Support and Other. Mother to Child HIV Transmission Prevention and Treatment ranked second, with \$31.4 million (20%), followed by Research, which ranked third, receiving \$16.7 million (11%) for Africa-wide initiatives. The remaining categories each received 1% or less of the total funding.

The Gates Foundation's funding significantly affects the overview for Africa-wide initiatives, and a more accurate picture emerges when Gates funding is excluded. The majority of funding by the remaining foundations surveyed, \$40.7 million, went to Mother to Child HIV Transmission Prevention and Treatment, which received the overwhelming majority of funding, \$30.4 million (80%); General Support and Other received only \$3 million (8%) of the funding. Education and Prevention received \$1.4 million (5%).

Regional funding initiatives totaled \$11 million. Southern Africa received the largest share of funding \$7.2 million (62%) targeted to a specific initiative (six grants).⁵ East Africa ranked second, receiving \$1.4 million (12%), and West Africa received \$300,000 (3%) of total region-specific funding. None of the foundations surveyed reported regional funding for Central Africa or North Africa, but the foundations

⁵ The regional distribution reflects the total amount of region-specific funding and includes grants that could not be classified by type of work.

surveyed did report funding earmarked for Sub-Saharan Africa, which received \$2.7 million (23%) of total region-specific funding.

Regional funding focused on three areas. Research received the largest amount of funding, \$4.4 million (39%); and Training and Education of Health Care Professionals, and General Support and Other, respectively received almost equal amounts, \$2.58 million (24%) and \$2.4 million (23%). Policy received less than 1%, and none of the foundations surveyed reported regional funding for Mother to Child HIV Transmission, Prevention and Treatment or Direct Care.

Country-specific funding accounted for both the largest number of grants and the largest amount of funding, receiving \$2.4 billion, or 93% of the total \$2.6 billion in funding, which represented 301 (83%) grants.

Following the funding pattern noted above for Africa-wide initiatives, the majority of funding, \$1.22 billion (52%), went to General Support and Other. Education and Prevention received the second largest amount, \$1.075 billion (45%). Research received only \$51 million (2%), and each of the remaining five categories received less than 1% of funding.

When funding from the Gates Foundation is removed, funding is more equally distributed. General Support and Other received \$47.1 million, Research received \$47.5 million, and Education and Prevention received \$42.5 million. Each of the amounts represented approximately 25% of the total funding. Health System Improvement received \$32.46 million (18%) in funding. Direct Care and the Training of Health Care Professionals each received \$5 million (3%).

(See Appendixes H, I, J, and K for detailed information on funding by country, health category, and type of work.)

VI. BILATERAL AND MULTILATERAL ORGANIZATIONS

Although this report focuses on foundations based in the United States, any discussion of funding support for health in Africa is incomplete without mentioning the important role of bilateral and multilateral agencies, including the initiative announced by U.S. President George W. Bush in 2003 targeting AIDS in Africa. The following section provides a brief description of the work of the following agencies in Africa: the Centers for Disease Control and Prevention (CDC); the Global Fund to Fight AIDS, Tuberculosis, and Malaria; The US Agency for International Development (USAID); the World Bank; and the U.S. Emergency Plan for AIDS Relief.

1. Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC), headquartered in Atlanta, is an agency of the U.S. Department of Health and Human Services. CDC funds health projects in Africa at the continent-wide, countrywide, and global levels. Much of its support focuses on building the capacity and infrastructure of national health systems. CDC grants have supported ministries of health in Botswana, Côte d'Ivoire, Kenya, South Africa, and Uganda and organizations such as Pathfinder International in Kenya, the Public Health Association in Ethiopia, the University of Malawi College of Medicine in Malawi, the Medical Research Council in South Africa, and Makerere University in Uganda.

Through its Global AIDS Program (GAP), the CDC supports projects that aim to prevent HIV/AIDS in 25 target countries, including 17 in Africa: Angola, Botswana, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Kenya, Malawi, Mozambique, Namibia, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe. GAP specifically focuses on preventing sexual transmission, mother to child transmission, and blood transmission of HIV. Specific priorities include voluntary testing and counseling, surveillance and infrastructure development, prevention of mother to child HIV transmission, blood safety, sexually transmitted infection prevention and care, youth prevention, behavior change communication, and prevention among drug-using populations.

On Africa-wide and global levels, the CDC has partnered with organizations such as the World Health Organization, U.S. Agency for International Development, Human Resources and Services Administration, Pan American Health Organization, United Nations Fund for Children, World Bank, and UNAIDS in public health initiatives such as poliomyelitis eradication, child survival, reproductive health, malaria control, tuberculosis programs, emerging infectious diseases, and HIV/AIDS. For more information on the Centers for Disease Control and Prevention, visit their website at www.cdc.gov

2. Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria

Since its inception in 2002 as a partnership between governments, civil society, the private sector, and affected communities, the Global Fund has committed funds totaling more than \$2.1 billion to fight HIV/AIDS, tuberculosis, and malaria in 125 countries, including 36 African nations. As of May 2004, \$128 million was committed to 28 countries in Africa. For more information on the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, visit their website at www.theglobalfund.org/en.

3. U.S. Agency For International Development

The Africa Bureau of the U.S. Agency For International Development (USAID) has made grants in the following broad health categories: Child Survival, HIV/AIDS, Infectious Diseases, Nutrition, Maternal Health, Population, and Orphans and Vulnerable Children. In 2002, USAID's estimated global health funding was \$1.4 billion, roughly 33% of which was earmarked for Africa.

That year, USAID supported health programs in the following countries: Angola, Benin, Burundi, Democratic Republic of the Congo, Eritrea, Ethiopia, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Namibia, Nigeria, Rwanda, Senegal, Sierra Leone, Somalia, South Africa, Sudan, Tanzania, Uganda, Zambia, and Zimbabwe. In addition, USAID also provided support to health programs through regional and Africa-wide initiatives. For more information on the U.S. Agency For International Development, visit their website at www.usaid.gov.

4. World Bank

The World Bank is one of the United Nations' specialized agencies and provides low-interest loans, interest-free credit, and grants to developing countries working through governments. The World Bank's funding focuses on the following broad health categories in Africa: Health (general), Nutrition, Population, and HIV/AIDS. In addition, health components are often included in other projects, as in the case of emergency operations for post-conflict countries or in natural disasters.

In September 2000, the World Bank launched the Multi-Country HIV/AIDS Program (MAP), with an initial commitment of \$500 million. In 2002, the World Bank committed an additional \$500 million for the second stage of the project. To date, MAP projects have been approved in the following countries: Benin, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Kenya, Madagascar, Nigeria, Senegal, Sierra Leone, Uganda, and Zambia.

Funding targeted specifically to population-based programs has focused on Burundi, Chad, Gambia, Guinea, and Malawi. Nutrition programs have been supported in Gambia, Madagascar, Mauritania, Senegal, and Uganda.

The World Bank has numerous partnerships in the health sector. They include the Roll-Back Malaria Partnership; Global Fund for AIDS, Tuberculosis, and Malaria; Onchocerciasis Control Program; Guinea Worm Eradication Program; Investment Partnership for Polio; and Global Polio Eradication Initiative. For more information on the World Bank, visit their website at www.worldbank.org.

5. U.S. Emergency Plan for AIDS Relief

In his 2003 State of the Union address, U.S. president George W. Bush announced the Emergency Plan for AIDS Relief, a five-year, \$15 billion initiative aimed at fighting the epidemic in 14 of the world's worst-hit countries. Its aim is to begin funding in fiscal 2004 with at least \$2 billion, including financial support for the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria. This plan will support central medical centers, satellite centers, and mobile units in both urban and rural communities. The model will include prevention, care, and treatment protocols, as well as medication packs for drug administration. The program will build on the established work of USAID, the U.S. Department of Health and Human Services, participating government health systems, and non-governmental organizations. The 12 African countries included in the Emergency Plan for AIDS Relief are Botswana, Côte d'Ivoire, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia. For more information on the U.S. Emergency Plan for AIDS Relief, visit www.usaid.gov/our_work/global_health/aids/pepfar.html.

The map in Appendix D-2 depicts the number of bilateral and multilateral organizations funding in each country in Africa and indicates the countries included in the U.S. Emergency Plan for AIDS Relief. We obtained funding information for this report from the Centers for Disease Control and Prevention, USAID, and the World Bank; information on the activities of the Global Fund came from its website.

VII. CONCLUSION

Foundations are a part of a larger community of development partners, including bilateral and multilateral agencies, which together work to improve health conditions in Africa. Within health funding, there seems to be a broad consensus on priorities among foundations. However, differences exist on issues such as the role and advantages of global health initiatives, the importance of strengthening systems versus immediate health needs, and the role of hospitals or developing human capacity in general. Clearly, there is a need to support all these interventions to address the health needs of a continent the size of Africa with over 50 countries and a population of 850 million.

This overview of foundation funding for health in Africa during the period 2000-2002 reflects the entry points foundations in the United States are using to address a range of health issues in Africa. This report also illuminates the impact of the large proportion of funding by the Bill and Melinda Gates Foundation, which often overshadows the pattern of the majority of the U.S. foundations surveyed. It is also important to note how a few large grants by foundations that do not regularly fund in Africa, such as those by the Columbia University Mailman School for Public Health, affect the funding overview.

Infectious Diseases such as HIV/AIDS, tuberculosis, and malaria seriously affect Africa's population and the overall development of individual countries and the continent as a whole. Thus, when funding patterns are analyzed, the dominance of funding for Infectious Diseases—both with and without the large proportion of funding by the Gates Foundation—is no surprise. Given the connection between environment and health, it was surprising to note that environmental health had only one active funder and received the smallest amount of funding.

Family Planning and Reproductive Health also emerged as a priority in the analysis of funding for the seven general health categories. The relatively small amounts of funding for both Child and Adolescent Health and Survival, and for Women's Health and Rights, highlight the need for more funding in these areas—particularly given the concern for the growing number of AIDS orphans and for women, both in the role they play as caregivers and in their vulnerability to infection due to violence against women. These two areas present other possible entry points for foundations seeking to work in Africa, especially those interested in activities to address the needs of women and children.

The diverse ways in which the foundations surveyed described their grantmaking presented a challenge in developing an exact picture of funding classified in the eight type-of-work categories. An example of this is the large proportion of funding by type of work that went to General Support and Other. These grants were either described by foundations as for general support or were covered by two or more type-of-work categories. Therefore, further analysis and more information would help to identify the precise uses of these funds.

Education and Prevention and Research emerged as the two top priority areas, and their ranking can be viewed as reflecting an emphasis on long-term interventions. The relatively small amount of funding for Policy, Direct Care, and the Training and Education of Health Care Professionals points to questions about whether more attention is needed to address immediate health care needs, both for patient care and for the professionals who administer and manage that care.

The dominance of funding to organizations in the United States underscores the need for more support to strengthen the capacity of organizations in Africa to implement and manage health care. Although this funding pattern by regular funders is affected by the Gates Foundation's funding of large-scale research initiatives in the United States for the development of vaccines and drugs, it is also seen in the large amounts of funding by two of the irregular funders, the Starr Foundation and the Robert Wood Johnson Foundation.

When funding by the Gates Foundation is excluded, half the remaining funding went to organizations based in Africa, but the majority of funding for large-scale projects went to U.S.-based organizations. The majority of the foundations surveyed whose funding went directly to Africa-based organizations

worked in a range of countries and provided relatively small amounts of funding to local non-governmental organizations and community-based organizations. The majority of that funding went to specific populations, such as those serving women and orphans. The strengthening of the health care infrastructure in Africa is central to combating the current challenges facing individual countries and the continent, such as HIV/AIDS, tuberculosis, malaria, and future health-related challenges.

South Africa and the Southern Africa region emerge as the hub for U.S. foundations working in Africa. Development in this country and region is viewed as having a major influence on economic development in the rest of the continent. South Africa had the largest number of active funders, was the recipient of the majority of funding among the foundations surveyed, and received the largest amount of funding for HIV/AIDS-related projects. Five foundations fund only in South Africa, and the majority of foundations with offices in Africa are present in South Africa. However, it is also important to note that, overall, there is not a direct correlation between the number of active funders and the amount of funding a particular country received. For example, four foundations reported making four grants to Cameroon, totaling \$86,000, whereas Tunisia received \$1.7 million in funding from one foundation during the period covered by this report.

This report also highlights the significant role that funding by the Bill and Melinda Gates Foundation plays in particular countries in Africa, such as Botswana and Mozambique. Many countries received only small amounts or no funding during the period examined by this report. There are many possible explanations, ranging from issues of language and infrastructure to the presence of European foundations and other donor agencies. Nonetheless, these countries are possible entry points for foundations looking to expand their current focus or for foundations interested in providing new funding for health in Africa.

The goal of this report has been to present an overview of where U.S.-based foundations directed their support for health initiatives in Africa during the period 2000-2002. It is AGAG's hope that the information given in this report will stimulate dialogue among foundations and other stakeholders and serve as a resource for foundations currently funding in Africa in identifying opportunities for collaboration. We also hope that it will serve as a starting point for foundations interested in funding health initiatives in Africa.

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APPENDIX A: SURVEY

Please answer the following questions about your foundation's health-related funding in Africa from 2000-2003.

1. Please list the categories, as you define them, under which your foundation has funded health-related projects in Africa (For example: HIV/AIDS, population etc.).
2. Is health funded under crosscutting areas in addition to the specific health-funding categories? If yes, please list these areas. (For example: "we do not fund health directly, but some health-related projects have been funded within our education program".)
3. Please list the geographic areas in Africa where your foundation has funded health-related projects since 2000 (please specify regions or countries).
4. Please list the total dollar figure that your foundation allocated in the years 2000, 2001, 2002 and 2003 for health-related projects in Africa.
5. What is the percentage (%) breakdown of this annual expenditure according to geographic areas of focus (as defined in question #3)?
6. What is the percentage (%) breakdown of the annual expenditure by the categories under which your foundation funds health (as defined in question #2)?
7. Please list your average, minimum, and maximum grant amounts.
8. What percentage of your grants were to (please answer by year (2000-2003), if possible. If not, please estimate an average):
 - a. U.S.-based organizations
 - b. Africa-based organizations
 - c. Others (WHO, UNAIDS, etc.—only specify if these funds were earmarked for Africa)
9. Please list and describe any partnerships or collaborations in health or health-related areas in which your foundation has participated from 2000-present.
10. Please list health-related funding in Africa from 2000-present. Please do so by either submitting a list of grants or indicating if this information is available on your website.

APPENDIX B: FOUNDATIONS INCLUDED IN THIS REPORT

Irregular Funders

1. Arca Foundation
2. Chatlos Foundation
3. Handspring Foundation
4. John Templeton Foundation
5. Medtronic Foundation
6. Moriah Fund
7. New York Community Trust
8. Philadelphia Foundation
9. Raskob Foundation
10. Richard and Helen DeVos Foundation
11. Richard and Rhoda Goldman Foundation
12. Robert Wood Johnson Foundation
13. Starr Foundation
14. Stewartship Foundation
15. Theodore and Vada Stanley Foundation
16. William H. Donner Foundation

Regular Funders

- | | |
|---|---|
| 1. African Women's Development Fund | 20. Henry J. Kaiser Family Foundation |
| 2. American Jewish World Service | 21. International Youth Foundation |
| 3. Atlantic Philanthropies | 22. Irene Diamond Fund |
| 4. Bill and Melinda Gates Foundation | 23. J.F. Kapnek Charitable Trust |
| 5. Bristol-Myers Squibb Foundation | 24. John D. and Catherine T. MacArthur Foundation |
| 6. Burroughs Wellcome Fund | 25. John M. Lloyd Foundation |
| 7. Carnegie Corporation of New York | 26. Levi Strauss Foundation |
| 8. Charles Stewart Mott Foundation | 27. McKnight Foundation |
| 9. Conrad N. Hilton Foundation | 28. Open Society Institute/New York |
| 10. David and Lucile Packard Foundation | 29. Overbrook Foundation |
| 11. Doris Duke Charitable Foundation | 30. Pfizer Foundation |
| 12. Elizabeth Glaser Pediatric AIDS Foundation | 31. Public Welfare Foundation |
| 13. ExxonMobil Foundation | 32. Rockefeller Brothers Fund |
| 14. Firelight Foundation | 33. Rockefeller Foundation |
| 15. Flora Family Foundation | 34. Turner Foundation |
| 16. Foundation for Hospices in Sub-Saharan Africa | 35. United Nations Foundation |
| 17. Ford Foundation | 36. W.K. Kellogg Foundation |
| 18. Global Greengrants Fund | 37. William and Flora Hewlett Foundation |
| 19. Global Fund for Women | |

APPENDIX C: RESEARCH DESIGN AND METHODOLOGY

Inclusion Criteria

Inclusion criteria were set as follows:

1. U.S. foundations making at least one grant in excess of \$5,000 for a health-related project in Africa from 2000-present.

The following Foundation Center definition of a “foundation” was used to determine qualifying funders in the U. S.:

The Foundation Center defines a foundation as an entity that is established as a nonprofit corporation or a charitable trust, with a principal purpose of making grants to unrelated organizations or institutions or to individuals for scientific, educational, cultural, religious, or other charitable purposes. This broad definition encompasses two foundation types: private foundations and public foundations. The most common distinguishing characteristic of a private foundation is that most of its funds come from one source, whether an individual, a family, or a corporation. A public foundation, in contrast, normally receives its assets from multiple sources, which may include private foundations, individuals, government agencies, and fees for service. Moreover, a public foundation must continue to seek money from diverse sources in order to retain its public status. The term “public foundation” has come into common usage only recently to describe organizations in the subset of the public charity universe that operate grantmaking programs as a primary purpose.⁶

Data Collection

Data were collected from July 2003 to February 2004. The primary instrument was a survey (see Appendix A) sent to foundations identified from the records of the Foundation Center and of the Council on Foundations. Additional foundations were identified by outreach to the Grant Manager’s Network, Grantmakers in Health, and Funders Concerned about AIDS. We asked foundations to respond to the survey and to submit a list of Africa- and health-related grants from 2000 to 2002, including funding amounts. We gathered additional information by e-mail, telephone, or fax. When financial information was not complete, supplemental information was gathered from public sources, including annual reports, websites, and the *Chronicle of Philanthropy Guide to Grants*.

Geographic Focus

Foundations described the geographic focus of their health-related funding in Africa according to the ways in which they categorized the geographical location of the recipients of their grantmaking. Funders generally reported funding in one or more of the following categories:

1. Country: funding targeted to specific countries within Africa.
2. Regional: funding targeted to a specific region or groupings of countries.
3. Africa-wide: funding not targeted to any specific country or region.
4. Global initiatives: many foundations support global initiatives of which Africa is one geographic area of focus.

Geographical information was analyzed as specifically as possible. When a specific grant fell into a grouping of more than two countries, or was categorized by a foundation as a regional initiative, the financial numbers were included under regional initiatives and were not included in the country-

⁶ From “What Is a Foundation?” at the Foundation Center’s website, www.fdncenter.org.

specific financial breakdowns so that funding amounts were not counted twice. Funding by U.S.-based, Africa-based, European-based, and United Nations agencies was broken down to determine the funding distribution to each of these types of organizations.

Health Categories

Funders were asked *to list the categories, as they defined them* in order to capture data in a way that remained true to the ways in which foundations defined their health-related grantmaking and to allow for differences and variations as reflected in their health program areas. There was significant diversity in the ways foundations classified their grantmaking. Health categories differed dramatically by foundation and were generally based on the individual mission and overall program categories. Most foundations considered health-related funding in one of the following ways:

1. By disease/topic category:
Example: The Levi Strauss Foundation and John M. Lloyd Foundation report funding HIV/AIDS. Reproductive Health was a health category reported by the Ford Foundation, while the Hewlett Foundation classified similar activities within their Population Program. The Global Greengrants Fund classified its health-related grantmaking within the category of Environmental Health.
2. By type of activity:
Example: The W.K. Kellogg Foundation focuses its health-related funding on “building health systems” and “building leadership capacity” within the health care sector.
3. As a crosscutting theme, with health funding integrated into other program areas.
4. Those that do not fund health directly, but have supported health projects as they relate to other program objectives.

In an attempt to bridge the significant diversity in the ways that foundations categorized or grouped health-related funding, the following seven health categories and eight type-of-work categories were devised. The objective of these categories is to capture funding in a consistent manner across organizations. **These categories are for the purposes of this report only and do not necessarily mirror the ways in which individual foundations classify their funding.**

Individual grants made by each foundation were categorized within these health and type-of-work categories based on the foundations’ descriptions of the purposes of the grants. The following list of health categories includes the subcategories that were used to classify individual grants into each health category.

1. Child and Adolescent Health and Survival
 - Orphans
 - Vulnerable children
 - Immunization
 - Child maltreatment (including trafficking, physical and sexual abuse)
2. Environmental Health
 - Tobacco use
 - Water quality
 - Hygiene
 - Manufacturing and mining cleanup
 - Pesticides (handling and alternatives)
3. Family Planning and Reproductive Health
 - Population activities

- Contraceptive access
- Maternal health
- Sexually transmitted diseases

4. Infectious Diseases

- HIV/AIDS
- Tuberculosis
- Malaria
- Trachoma and others

5. Nutrition and Food Security

- Nutrition
- Food security
- Micronutrients

6. Primary Health and Other

The category includes grants that do not fall into the six other specific health categories or were grants given for general unspecified health initiatives. (Examples include General Health Risk Analysis programs and funding tied to CARE's health-oriented humanitarian aid programs.)

7. Women's Health and Rights

- Economic rights
- Sexual rights/discrimination
- Female genital cutting
- Domestic violence (physical and sexual abuse)

Type of Work

Information on the type of work within each health category was also gathered using the following categories. These categories are for the purposes of this report only and do not necessarily mirror the ways in which individual foundations classified their funding.

1. Direct Care
2. Education/Prevention
3. General support and other
4. Health systems improvement and capacity building
5. Mother-to-child HIV transmission prevention and treatment
6. Policy
7. Research
8. Training and education of health care professionals

**APPENDIX D: COUNTRY DISTRIBUTION: REGULAR FUNDERS, MULTILATERAL AND BILATERAL DONORS
(Regular Funders indicated by *)**

Algeria - 0

Angola - 3

*Bill and Melinda Gates Foundation
*Global Fund for Women
*United Nations Foundation
USAID

Benin - 1

*Global Fund for Women
USAID

Botswana - 3

*Bill and Melinda Gates Foundation
*Bristol Myers Squibb Foundation
*United Nations Foundation

Burkina Faso - 3

*Global Fund for Women
*Public Welfare Foundation
*Rockefeller Foundation
Global Fund for HIV/AIDS, Tuberculosis, and
Malaria
World Bank

Burundi - 2

*Global Fund for Women
*Bill and Melinda Gates Foundation
Global Fund HIV/AIDS, Tuberculosis, and
Malaria
USAID
World Bank

Cameroon - 4

*Firelight Foundation
*Global Fund for Women
*John M. Lloyd Foundation
*Rockefeller Foundation

Cape Verde - 0

Central African Republic - 0

Chad - 1

*Global Fund for Women
Global Fund for HIV/AIDS, Tuberculosis, and
Malaria
World Bank

Comoros - 1

*United Nations Foundation
Global Fund for HIV/AIDS, Tuberculosis, and
Malaria
World Bank

Congo - 1

*Bill and Melinda Gates Foundation

Côte d'Ivoire - 0

Global Fund for HIV/AIDS, Tuberculosis, and
Malaria

Democratic Republic of the Congo - 2

*Bill and Melinda Gates Foundation
*Global Greengrants Fund
Global Fund for HIV/AIDS, Tuberculosis, and
Malaria
USAID

Djibouti - 0

Equatorial Guinea - 0

Egypt - 3

*Burroughs Wellcome Fund
*Public Welfare Foundation
*William and Flora Hewlett Foundation

Eritrea - 0

Global Fund for HIV/AIDS, Tuberculosis, and
Malaria
USAID
World Bank

Ethiopia - 5

*American Jewish World Service
*Bill and Melinda Gates Foundation
*David and Lucille Packard Foundation
*Global Fund for Women
*William and Flora Hewlett Foundation
Global Fund for HIV/AIDS, Tuberculosis, and
Malaria
USAID
World Bank

Gabon - 0

Gambia - 6

- *African Women's Development Fund
- *American Jewish World Service
- *Burroughs Wellcome Fund
- *Carnegie Corporation of New York
- *Global Fund for Women
- *Public Welfare Foundation

Ghana - 6

- *African Women's Development Fund
- *American Jewish World Service
- *Firelight Foundation
- *Global Fund for Women
- *Global Greengrants Fund
- *Rockefeller Foundation
- Global Fund for HIV/AIDS, Tuberculosis, and Malaria
- USAID
- World Bank

Guinea - 2

- *Global Fund for Women
- *Public Welfare Foundation
- Global Fund for HIV/AIDS, Tuberculosis, and Malaria
- USAID
- World Bank

Guinea-Bissau - 0**Kenya - 13**

- *African Women's Development Fund
- *American Jewish World Service
- *Bill and Melinda Gates Foundation
- *Firelight Foundation
- *Ford Foundation
- *Foundation for Hospices in Sub-Saharan Africa
- *Global Fund for Women
- *Global Greengrants Fund
- *John M. Lloyd Foundation
- *Public Welfare Foundation
- *Rockefeller Foundation
- *Turner Foundation
- *William and Flora Hewlett Foundation
- Global Fund for HIV/AIDS, Tuberculosis, and Malaria
- USAID
- World Bank

Lesotho - 2

- *United Nations Foundation
- *W.K. Kellogg Foundation
- World Bank

Liberia - 1

- *Foundation for Hospices in Sub-Saharan Africa
- Global Fund for HIV/AIDS, Tuberculosis, and Malaria
- USAID

Libya - 0**Madagascar - 0**

- Global Fund for HIV/AIDS, Tuberculosis, and Malaria
- USAID
- World Bank

Malawi - 4

- *American Jewish World Service
- *Bill and Melinda Gates Foundation
- *Doris Duke Foundation
- *Firelight Foundation
- Global Fund for HIV/AIDS, Tuberculosis, and Malaria
- USAID

Mali - 6

- *African Women's Development Fund
- *Global Fund for Women
- *Global Greengrants Fund
- *Public Welfare Foundation
- *Rockefeller Foundation
- *United Nations Foundation
- Global Fund for HIV/AIDS, Tuberculosis, and Malaria
- USAID

Mauritania - 1

- *African Women's Development Fund
- Global Fund for HIV/AIDS, Tuberculosis, and Malaria

Mauritius - 1

- *African Women's Development Fund

Morocco - 1

- *Global Greengrants Fund

Mozambique - 4

- *Bill and Melinda Gates Foundation
- *Ford Foundation
- *Global Fund for Women
- *Global Greengrants Fund
- USAID
- Global Fund for HIV/AIDS, Tuberculosis, and Malaria

Namibia - 4

- *American Jewish World Service
- *Firelight Foundation
- *Ford Foundation
- *Global Fund for Women
- Global Fund for HIV/AIDS, Tuberculosis, and Malaria
- USAID

Niger - 2

- *African Women's Development Fund
- * Global Fund for Women

Nigeria - 11

- *African Women's Development Fund
- *American Jewish World Service
- *Bill and Melinda Gates Foundation
- *David and Lucille Packard Foundation
- *Ford Foundation
- *Global Fund for Women
- *Global Greengrants Fund
- *John D. and Catherine T. MacArthur Foundation
- *Rockefeller Foundation
- *Turner Foundation
- *United Nations Foundation
- Global Fund for HIV/AIDS, Tuberculosis, and Malaria
- USAID
- World Bank

Rwanda - 3

- *Bill and Melinda Gates Foundation
- *Firelight Foundation
- *Global Fund for Women
- Global Fund for HIV/AIDS, Tuberculosis, and Malaria
- USAID

São Tomé and Príncipe - 0**Senegal - 8**

- *African Women's Development Foundation
- *American Jewish World Service
- *Bill and Melinda Gates Foundation
- *Global Fund for Women
- *Global Greengrants Fund
- *International Youth Foundation
- *Public Welfare Foundation
- *Rockefeller Foundation
- Global Fund for HIV/AIDS, Tuberculosis, and Malaria
- USAID
- World Bank

Seychelles - 0**Sierra Leone - 1**

- *Public Welfare Foundation
- Global Fund for HIV/AIDS, Tuberculosis, and Malaria
- USAID
- World Bank

Somalia - 3

- *Global Fund for Women
- *Global Greengrants Fund
- *Public Welfare Foundation
- Global Fund HIV/AIDS, Tuberculosis, and Malaria
- USAID

South Africa - 28

- *African Women's Development Fund
- *American Jewish World Service
- *Atlantic Philanthropies
- *Bill and Melinda Gates Foundation
- *Bristol Myers Squibb Foundation
- *Burroughs Wellcome Fund
- *Carnegie Corporation of New York
- *Charles Stewart Mott Foundation
- *Doris Duke Charitable Foundation
- *ExxonMobil Foundation
- *Firelight Foundation
- *Flora Family Foundation
- *Ford Foundation
- *Foundation for Hospices in Sub-Saharan Africa
- *Global Fund for Women
- *Global Greengrants Fund
- *Irene Diamond Fund
- *International Youth Foundation
- *John M. Lloyd Foundation
- *Levi Strauss Foundation
- *Open Society Institute
- *Overbrook Foundation
- *Public Welfare Foundation
- *Rockefeller Brothers Fund
- *Rockefeller Foundation
- *United Nations Foundation
- *W.K. Kellogg Foundation
- *William and Flora Hewlett Foundation
- Global Fund for HIV/AIDS, Tuberculosis, and Malaria
- USAID

Sudan - 3

*David and Lucille Packard Foundation
*Public Welfare Foundation
*William and Flora Hewlett Foundation
Global Fund for HIV/AIDS, Tuberculosis, and
Malaria
USAID

Swaziland - 2

*United Nations Foundation
*W.K. Kellogg Foundation
Global Fund for HIV/AIDS, Tuberculosis, and
Malaria

Tanzania - 12

*African Women's Development Fund
*Bill and Melinda Gates Foundation
*Burroughs Wellcome Fund
*Carnegie Corporation of New York
*Firelight Foundation
*Foundation for Hospices in Sub-Saharan Africa
*Global Fund for Women
*Global Greengrants Fund
*John M. Lloyd Foundation
*McKnight Foundation
*Rockefeller Foundation
*United Nations Foundation
Global Fund for HIV/AIDS, Tuberculosis, and
Malaria
World Bank
USAID

Togo - 2

*Global Fund for Women
*Global Greengrants Fund
Global Fund for HIV/AIDS, Tuberculosis, and
Malaria

Tunisia - 1

*Burroughs Wellcome Fund

Uganda - 11

*African Women's Development Fund
*American Jewish World Service
*Bill and Melinda Gates Foundation
*Doris Duke Charitable Foundation
*Firelight Foundation
*Foundation for Hospices in Sub-Saharan Africa
*Global Greengrants Fund
*John M. Lloyd Foundation
*McKnight Foundation
*Rockefeller Foundation
*Turner Foundation
USAID
World Bank
Global Fund for HIV/AIDS, Tuberculosis, and
Malaria

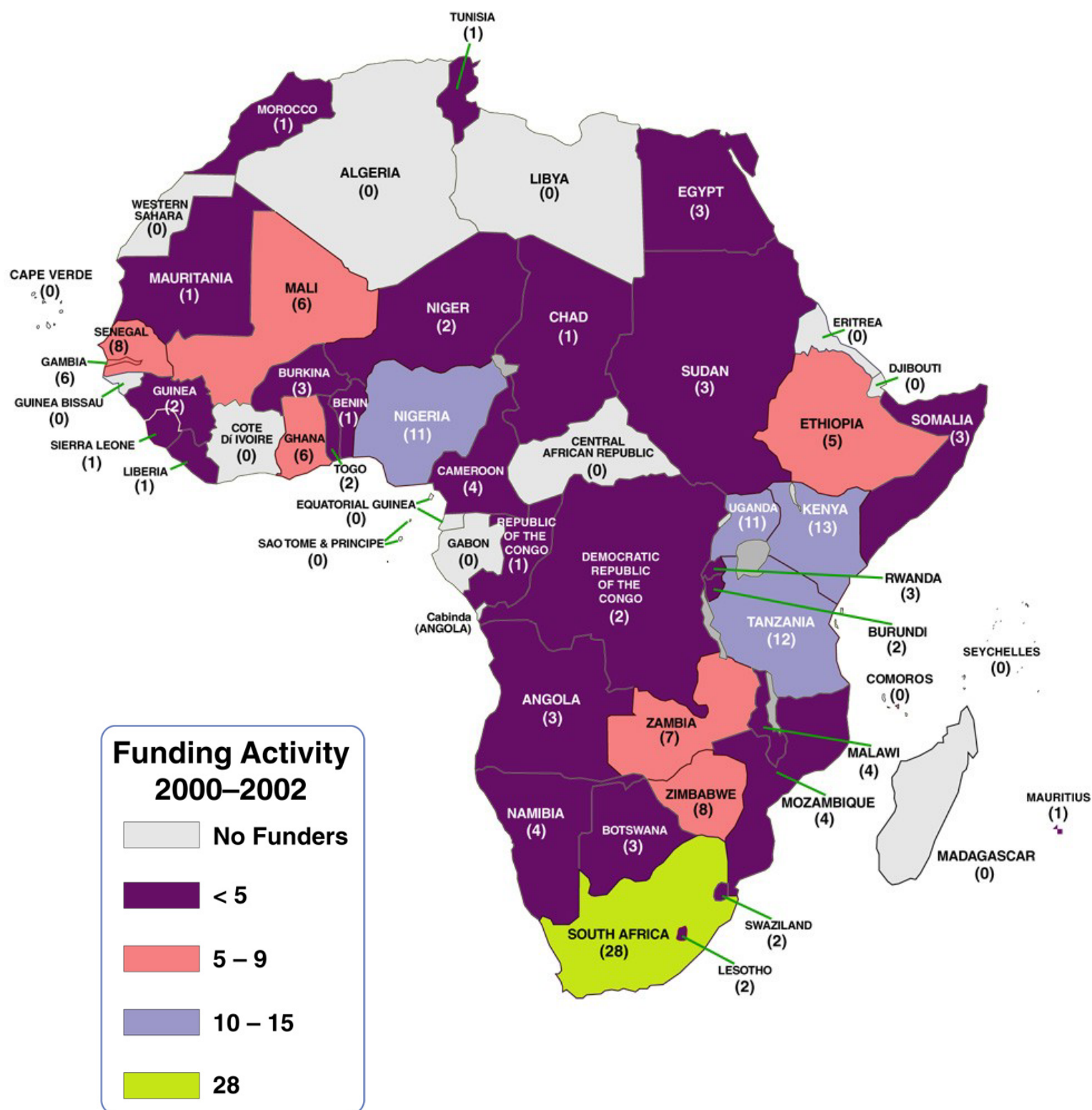
Zambia - 7

*American Jewish World Service
*Bill and Melinda Gates Foundation
*Burroughs Wellcome Fund
*Firelight Foundation
*Ford Foundation
*Global Greengrants Fund
*Rockefeller Foundation
Global Fund for HIV/AIDS, Tuberculosis, and
Malaria
USAID
World Bank

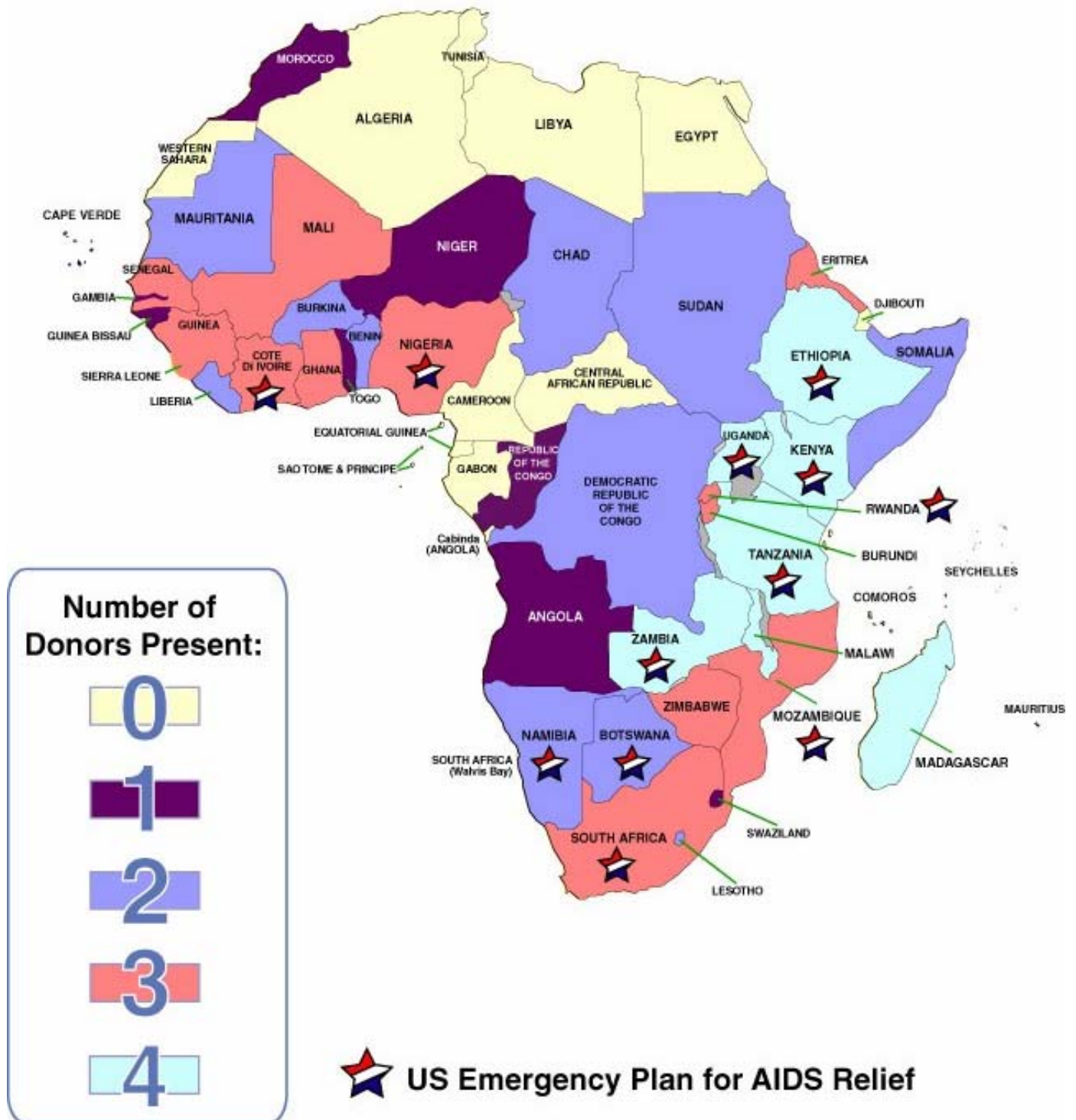
Zimbabwe - 8

*American Jewish World Service
*Bill and Melinda Gates Foundation
*Doris Duke Foundation
*Firelight Foundation
*Foundation for Hospices in Sub-Saharan Africa
*J.F. Kapnek Fund
*Rockefeller Foundation
*W.K. Kellogg Foundation
USAID
Global Fund HIV/AIDS, Tuberculosis, and
Malaria

APPENDIX D-1: COUNTRIES RECEIVING HEALTH FUNDING 2000-2002: REGULAR FUNDERS



Funding for Health in Africa: Mapping the U.S. Foundation Landscape, 2000-2002



APPENDIX E: REGULAR FUNDERS: RANKING OF TOTAL HEALTH FUNDING BY COUNTRY/REGION

Country/Region	Funders	Total Funding (US\$)
Mozambique	4	1,051,140,000
Kenya	13	1,007,545,000
Africa Wide	18	157,682,000
Botswana	3	122,873,000
South Africa	28	103,621,000
Nigeria	11	42,526,000
Global	6	29,104,000
Uganda	11	14,491,000
Ethiopia	5	12,647,000
Southern Africa	5	7,215,000
Gambia	6	5,850,000
Zimbabwe	7	5,514,000
Ghana	6	5,291,000
Egypt	3	3,921,000
Zambia	7	3,242,000
Tanzania	12	2,759,000
Sub-Saharan Africa	2	2,720,000
Swaziland	2	2,685,000
Senegal	8	2,264,000
Angola	3	2,186,000
Lesotho	2	2,167,000
Sudan	3	1,934,000
Malawi	4	1,834,000
Mali	6	1,753,000
Tunisia	1	1,731,000
East Africa	4	1,399,000
Namibia	4	1,226,000
Rwanda	3	584,000
Burundi	2	512,000
Congo	1	500,000
Burkina Faso	3	484,000
Dem. Rep. Congo	2	308,000
West Africa	1	298,000
Somalia	3	160,000
Cameroon	4	86,000
Sierra Leone	1	75,000
Guinea	2	55,000
Togo	2	35,000
Niger	2	31,000
Chad	1	12,000
Benin	1	8,000
Liberia	1	8,000
Mauritius	1	7,000
Mauritania	1	5,000
Morocco	1	2,000

The following countries received no country-specific funding:

1. Algeria
2. Cape Verde
3. Central African Republic
4. Comoros
5. Côte d'Ivoire
6. Djibouti
7. Equatorial Guinea
8. Eritrea
9. Gabon
10. Guinea-Bissau
11. Libya
12. Madagascar
13. São Tomé and Príncipe
14. Seychelles

**Appendix E.1 - Regular Funders Excluding Gates Foundation:
Ranking of Total Health Funding by Country**

Country/Region	Number of Funders	Funding-Excluding Gates	Funding by All Funders
South Africa	27	82,516,000	103,621,000
Africa-wide	17	40,675,000	157,682,000
Nigeria	10	16,686,000	42,526,000
Ethiopia	4	10,587,000	12,647,000
Kenya	12	7,545,000	1,007,545,000
Southern Africa	4	5,621,000	7,215,000
Ghana	6	5,291,000	5,291,000
Zimbabwe	6	5,014,000	5,514,000
Uganda	10	4,102,000	14,491,000
Global	5	4,079,000	29,104,000
Egypt	3	3,921,000	3,921,000
Botswana	2	2,873,000	122,873,000
Sub-Saharan Africa	2	2,720,000	2,720,000
Swaziland	2	2,685,000	2,685,000
Zambia	6	2,617,000	3,242,000
Tanzania	11	2,591,000	2,759,000
Lesotho	1	2,167,000	2,167,000
Sudan	3	1,934,000	1,934,000
Mali	6	1,753,000	1,753,000
Tunisia	1	1,731,000	1,731,000
Angola	2	1,512,000	2,186,000
Gambia	5	1,484,000	5,850,000
East Africa	4	1,399,000	1,399,000
Namibia	4	1,226,000	1,226,000
Senegal	7	649,000	2,264,000
Burkina Faso	3	484,000	484,000
West Africa	1	298,000	298,000
Malawi	3	209,000	1,834,000
Somalia	3	160,000	160,000
Mozambique	3	140,000	1,051,140,000
Cameroon	4	86,000	86,000
Rwanda	2	84,000	584,000
Sierra Leone	1	75,000	75,000
Guinea	2	55,000	55,000
Togo	2	35,000	35,000
Niger	2	31,000	31,000
Burundi	1	12,000	512,000
Chad	1	12,000	12,000
Benin	1	8,000	8,000
Dem. Rep. Congo	1	8,000	308,000
Liberia	1	8,000	8,000
Mauritius	1	7,000	7,000
Mauritania	1	5,000	5,000
Morocco	1	2,000	2,000
Congo	1	0	500,000

**Regular Funders Excluding Gates Foundation:
Ranking of Total Health Funding by Country (cont'd)**

The following countries received no funding:

1. Algeria
2. Cape Verde
3. Central African Republic
4. Comoros
5. Côte d'Ivoire
6. Djibouti
7. Equatorial Guinea
8. Eritrea
9. Gabon
10. Guinea-Bissau
11. Libya
12. Madagascar
13. São Tomé and Príncipe
14. Seychelles

APPENDIX F: IRREGULAR FUNDERS: RANKING OF HEALTH FUNDING TOTALS BY FOUNDATION

Foundation	Funding Total
Starr Foundation	5,000,000
Robert Wood Johnson Foundation	4,986,666
William H. Donor Foundation	500,000
Raskob Foundation	211,247
Moriah Fund	190,000
Arca Foundation	143,500
Richard and Rhoda Goldman Foundation	130,000
John Templeton Foundation	100,000
Richard and Helen De Vos Foundation	100,000
Theodore and Vada Stanley Foundation	100,000
Chatlos Foundation	50,000
Philadelphia Foundation	20,000
Stewardship Foundation	20,000
New York Community Trust	15,500
Handspring Foundation	15,000
Total	\$ 11,581,913

APPENDIX G: REGULAR FUNDERS: HEALTH FUNDING TOTALS BY FOUNDATION

Foundation	Total
African Women's Development Fund	160,100
American Jewish World Services	1,287,187
Atlantic Philanthropies	40,752,470
Bill and Melinda Gates Foundation	2,381,026,891
Bristol-Myers Squibb Foundation	15,933,164
Burroughs Wellcome Fund	13,919,771
Carnegie Corporation of New York	7,260,772
Charles Stewart Mott Foundation	1,620,000
David and Lucile Packard Foundation	21,485,000
Doris Duke Charitable Foundation	6,120,000
ExxonMobil Foundation	1,815,225
Firelight Foundation	739,250
Flora Family Foundation	215,750
Ford Foundation	8,341,428
Foundation for Hospices in Sub-Saharan Africa	281,962
Global Fund for Women	662,520
Global Greengrants	102,195
International Youth Foundation	1,663,062
Irene Diamond Fund	485,863
J.F. Kapnek Charitable Trust	40,275
John D. and Catherine T. MacArthur Foundation	6,909,868
John M. Lloyd Foundation	194,900
Levi Strauss Foundation	440,260
McKnight Foundation	85,000
Open Society Institute	420,869
Overbrook Foundation	195,000
Pfizer Foundation	3,757,362
Public Welfare Foundation	1,747,700
Rockefeller Brothers Fund	1,275,000
Rockefeller Foundation	33,291,866
Turner Foundation	440,000
United Nations Foundation	39,324,400
W.K. Kellogg Foundation	8,584,277
William and Flora Hewlett Foundation	3,665,000
Totals	\$ 2,604,244,387

**APPENDIX H: REGULAR FUNDERS: NUMBER OF FUNDERS BY COUNTRY AND RANKING
BY COUNTRY**

No Funders - 14

Algeria
Cape Verde
Central African Republic
Comoros
Côte d'Ivoire
Djibouti
Equatorial Guinea
Eritrea
Gabon
Guinea-Bissau
Libya
Madagascar
São Tomé and Príncipe
Seychelles

One Funder - 9

Benin
Chad
Congo
Liberia
Mauritania
Mauritius
Morocco
Sierra Leone
Tunisia

Two Funders - 5

Burundi
Democratic Republic of Congo
Guinea
Niger
Togo

Three Funders - 9

Angola
Botswana
Burkina Faso
Egypt

Lesotho
Rwanda
Somalia
Sudan
Swaziland

Four Funders - 3

Cameroon
Malawi
Mozambique

Five Funders - 2

Ethiopia
Namibia

Six Funders - 3

Ghana
Mali
Gambia

Seven Funders - 2

Zambia
Zimbabwe

Eight Funders - 1

Senegal

Eleven Funders - 2

Nigeria
Uganda

Twelve Funders - 1

Tanzania

Thirteen Funders - 1

Kenya

Twenty Eight Funders - 1

South Africa

BY RANKING

Most funding Activity (28 funders present)

South Africa

High Funder Activity (10-15 funders present)

Kenya

Nigeria

Tanzania

Uganda

Moderate Funding Activity (5-9 funders present)

Ethiopia

Ghana

Mali

Senegal

Gambia

Zambia

Zimbabwe

Least Funding Activity (less than 5 funders present)

Angola

Benin

Botswana

Burkina Faso

Burundi

Cameroon

Chad

Congo

Democratic Republic of Congo

Egypt

Guinea

Lesotho

Liberia

Malawi

Mauritania

Mauritius

Morocco

Mozambique

Namibia

Niger

Rwanda

Sierra Leone

Somalia

Sudan

Swaziland

Togo

Tunisia

No Funding Activity

Algeria

Cape Verde

Central African Republic

Comoros

Côte d'Ivoire

Djibouti

Equatorial Guinea

Eritrea

Gabon

Guinea-Bissau

Libya

Madagascar

São Tomé and Príncipe

Seychelles

APPENDIX I: FOUNDATION HEALTH FUNDING TOTALS BY TYPE OF WORK

Research

Foundation	Total
African Women's Development Fund	21,500
Atlantic Philanthropies	12,772,368
Bill and Melinda Gates Foundation	18,950,131
Bristol-Myers Squibb	6,353,163
Burroughs Wellcome Fund	13,919,771
Carnegie Corporation of New York	500,000
Charles Stewart Mott Foundation	210,000
David and Lucile Packard Foundation	1,042,000
Doris Duke Charitable Foundation	100,000
ExxonMobil Foundation	380,000
Ford Foundation	1,323,380
Global Green grants	18,500
International Youth Foundation	15,296
Irene Diamond Fund	110,863
John D. and Catherine MacArthur Foundation	1,700,868
John M. Lloyd Foundation	27,400
Rockefeller Brothers Fund	40,000
Rockefeller Foundation	13,926,989
William and Flora Hewlett Foundation	915,000
Total	\$ 72,327,229

Policy

Foundation	Total
Atlantic Philanthropies	15,205
Carnegie Corporation of New York	250,000
Charles Stewart Mott Foundation	100,000
David and Lucile Packard Foundation	250,000
Ford Foundation	363,000
Global Green grants	5,000
International Youth Foundation	500,000
John D. and Catherine MacArthur Foundation	32,000
Levi Strauss Foundation	25,000
Public Welfare Foundation	210,000
Rockefeller Foundation	2,391,881
W.K. Kellogg Foundation	200,000
Total	\$ 4,342,086

Education and Prevention

Foundation	Total
African Women's Development Fund	67,650
American Jewish World Services	378,992
Bill and Melinda Gates Foundation	1,076,244,865
Bristol-Myers Squibb	2,351,857
Charles Stewart Mott Foundation	1,100,000
David and Lucile Packard Foundation	5,875,000
ExxonMobil Foundation	24,225
Firelight Foundation	230,500
Flora Family Foundation	20,000
Ford Foundation	1,608,048
Global Green grants	55,527
International Youth Foundation	1,147,766
Irene Diamond Fund	50,000
John D. and Catherine MacArthur Foundation	2,842,000
John M. Lloyd Foundation	47,500
Levi Strauss Foundation	188,360
McKnight Foundation	60,000
Open Society Institute	255,869
Overbrook Foundation	25,000
Public Welfare Foundation	1,067,700
Rockefeller Brothers Fund	240,000
Rockefeller Foundation	1,231,613
United Nations Foundation	4,600,000
W.K. Kellogg Foundation	805,000
Total	\$ 1,100,517,472

Mother-to-Child HIV Transmission Prevention and Treatment

Foundation	Total
David & Lucile Packard Foundation	1,000,000
Doris Duke Charitable Foundation	2,143,000
ExxonMobil Foundation	300,000
Firelight Foundation	12,500
Ford Foundation	198,500
J.F. Kapnek Charitable Trust	8,393
John M. Lloyd Foundation	20,000
Rockefeller Foundation	6,096,300
United Nations Foundation	24,000,000
William and Flora Hewlett Foundation	1,000,000
Total	\$ 34,778,693

Direct Care

Foundation	Total
African Women's Development Fund	10,000
Bill and Melinda Gates Foundation	5,173,571
Bristol-Myers Squibb	212,993
David and Lucile Packard Foundation	1,458,000
Firelight Foundation	52,500
Flora Family Foundation	57,750
Ford Foundation	91,500
Irene Diamond Fund	325,000
Levi Strauss Foundation	7,300
Public Welfare Foundation	120,000
Rockefeller Foundation	503,521
United Nations Foundation	1,500,000
W.K. Kellogg Foundation	195,000
William and Flora Hewlett Foundation	600,000
Total	\$ 10,307,135

Health Systems Improvement and Capacity Building

Foundation	Total
African Women's Development Fund	13,000
Atlantic Philanthropies	25,342,000
Bill and Melinda Gates Foundation	5,468,078
Bristol-Myers Squibb	1,982,271
David and Lucile Packard Foundation	4,375,000
Ford Foundation	600,000
Foundation for Hospices in Sub-Saharan Africa	15,000
Rockefeller Foundation	847,912
Turner Foundation	100,000
W.K. Kellogg Foundation	1,295,200
Total	\$ 40,038,461

Training and Education of Health Care Professionals

Foundation	Total
African Women's Development Fund	41,450
American Jewish World Services	30,000
Bristol-Myers Squibb	3,200,205
Carnegie Corporation of New York	2,066,000
Firelight Foundation	39,800
Foundation for Hospices in Sub-Saharan Africa	66,828
J.F. Kapnek Charitable Trust	31,822
John D. and Catherine MacArthur Foundation	200,000
John M. Lloyd Foundation	80,000
Overbrook Foundation	35,000
Rockefeller Brothers Fund	50,000
Rockefeller Foundation	1,154,000
W.K. Kellogg Foundation	984,077
Total	\$ 7,979,182

General Support and Other

Foundation	Total
African Women's Development Fund	6,000
American Jewish World Services	709,699
Atlantic Philanthropies	2,622,897
Bill and Melinda Gates Foundation	1,296,889,000
Bristol-Myers Squibb	2,546,450
Carnegie Corporation of New York	1,347,386
Charles Stewart Mott Foundation	210,000
David and Lucile Packard Foundation	7,485,000
Doris Duke Charitable Foundation	3,877,000
ExxonMobil Foundation	1,111,000
Firelight Foundation	403,950
Flora Family Foundation	138,000
Ford Foundation	5,376,213
Foundation for Hospices in Sub-Saharan Africa	200,134
Global Green grants	23,108
John D. and Catherine MacArthur Foundation	2,135,000
John M. Lloyd Foundation	20,000
Levi Strauss Foundation	219,600
McKnight Foundation	25,000
Open Society Institute	165,000
Overbrook Foundation	135,000
Public Welfare Foundation	350,000
Rockefeller Brothers Fund	945,000
Rockefeller Foundation	7,175,650
Turner Foundation	340,000
United Nations Foundation	9,224,400
W.K. Kellogg Foundation	5,105,000
William and Flora Hewlett Foundation	1,150,000
Total	\$ 1,349,935,487

APPENDIX J: TOTAL HEALTH FUNDING BY HEALTH CATEGORY

Health Category	Total Funding (All Regular Funders)	Total Funding (Excluding Gates)
Child and Adolescent Health and Survival	45,629,000	11,375,000
Family Planning and Reproductive Health	106,610,000	45,330,000
Women's Health and Rights	4,838,000	4,838,000
Infectious Disease	1,318,226,000	94,827,000
Nutrition and Food Security	711,154,000	2,154,000
Environmental Health	96,000	96,000
Primary Health and Other	368,436,000	15,341,000
Total	\$2,554,989,000	\$173,961,000

APPENDIX K: TOTAL HEALTH FUNDING BY TYPE-OF-WORK CATEGORY

Type-of-Work Category	Total Funding (All Regular Funders)	Total Funding (Excluding Gates)
Research	72,327,000	53,377,000
Policy	4,342,000	4,342,000
Education and Prevention	1,078,823,000	24,272,000
Mother to Child HIV Transmission, Prevention and Treatment	34,779,000	34,779,000
Direct Care	10,307,000	5,133,000
Health Systems Improvement	40,038,000	34,864,000
Training and Education of Health Care Professionals	7,979,000	7,979,000
General Support and Other	1,327,731,000	30,847,000
Total	\$2,576,326,000	\$195,593,000

APPENDIX L: REGULAR FUNDERS: HEALTH GRANTMAKING SUMMARIES

AFRICAN WOMEN'S DEVELOPMENT FUND

Aviation House, Aviation Road - PMB CT 89, Cantonments, Accra, Ghana
Telephone: 233-21-782-502 - Website: www.awdf.org

The African Women's Development Fund (AWDF) was founded in 2000 as a fundraising and grantmaking initiative promoting the work of the African women's movement. With support from the Carnegie Corporation of New York, Ford Foundation, Global Fund for Women, the John D. and Catherine T. MacArthur Foundation and others, the AWDF launched its first year of grantmaking in 2001. AWDF works in five thematic areas: women's human rights, political participation, peace building, health, reproductive rights and HIV/AIDS, and economic empowerment. During this inaugural cycle, ADWF awarded over \$300,000 in total grants to 38 women's organizations in 19 different African countries.

Under the thematic funding area of health, reproductive rights and HIV/AIDS, AWDF grants support education, training and advocacy efforts to create gender-sensitive health care delivery systems and community health programs. ADWF also awards grants to reduce the prevalence of practices such as female genital cutting, as well as prevent the spread of HIV/AIDS among girls and women who are most vulnerable. In 2001, AWDF awarded three grants in this program area totaling \$25,500. In 2002 and early 2003, AWDF awarded seven grants amounting to \$48,000. By May 2003, AWDF had awarded a total of \$1,009,000 to 135 women's organizations in 31 African countries, of which grant making in the area of Health, Reproductive Rights and HIV/AIDS was \$73,500 constituting 7% of the grant-making during this period. It should be noted, however, that AWDF takes an integrated approach to its funding strategy, which means that projects funded under other thematic program areas may also include components related to health and reproductive rights.

The African Women's Development Fund accepts applications from all areas of Africa and places no geographic limits on its health-related grantmaking on the continent. To date, they have supported projects in Gambia, Ghana, Nigeria, South Africa, Togo and Uganda.

In Ghana, AWDF supports a training program of the Maata-N-Tudu Association, which focuses on reproductive health, family planning and HIV/AIDS. The Society for Women and AIDS in Africa (SWAAN) is the fund's partner in Nigeria. SWAAN is an organization that works to increase awareness of HIV/AIDS and prevent unwanted pregnancies through education and prevention efforts. The African Women's Development Fund supports SWAAN in its strategic planning endeavors. AWDF also supported GAMCOTRAP in The Gambia to operate sexual health programs for young women.

AMERICAN JEWISH WORLD SERVICE

45 West 36th Street - New York, New York 10018
Telephone: 800-889-7146 - Website: www.ajws.org

Founded in 1985, the American Jewish World Service (AJWS) aims to "help alleviate poverty, hunger and disease among the people of the world regardless of race, religion or nationality." In keeping with this mission, the foundation supports integrated international development projects that focus on at least two of the following broad programmatic themes: health, education, economic development and agriculture. Underlying all of its programming is a basic belief in fostering the link between human rights and community development. AJWS provides support to its project partners in Africa, Asia, Latin America, the Middle East, and Russia and Ukraine.

In 2002, AJWS made health-related grants exceeding \$1.2 million in Africa. The primary objective of their health programming is to provide education, training and access to services that benefit women and girls in remote areas of Africa. This goal finds primary expression in the support of reproductive health, family planning, HIV/AIDS and nutrition programs. AJWS

aims to promote behavioral change in young women and communities, improve family planning, prevent the transmission of HIV, and end the practice of female genital cutting.

As part of their health program in Africa, AJWS awards grants to grassroots organizations in Ethiopia, Kenya, The Gambia, Ghana, Guinea, Malawi, Mauritania, Namibia, Nigeria, Uganda, Sierra Leone, Senegal, South Africa, Zimbabwe, and Zambia. Under its emergency relief program, AJWS also funds health-related projects in the Democratic Republic of the Congo, Cote d'Ivoire and Mauritania.

Past grantees include: International Women Communication Center, Nigeria; Kembetta Women's Self-Help Center, Ethiopia; BAFROW, Gambia; Planned Parenthood of New York (for South Africa); Family Life Movement of Zambia, Zambia; Zambia Children Education Foundation, Zambia; Mwana Mwende Child Development Center, Kenya; Uganda Network for AIDS Service Organizations, Uganda; African Services Committee, Ethiopia; The Church Alliance for Orphans, Namibia; Women in Development and Environment, Nigeria; Farm Orphan Support Trust of Zimbabwe, Zimbabwe; and Society of Women & AIDS in Africa; South Africa.

ATLANTIC PHILANTHROPIES

125 Park Avenue, 21st floor, New York, NY 10017

Telephone: 212-936-73007 - Website: www.atlanticphilanthropies.org

Established in 1982 by Mr. Charles Feeney, the co-founder of Duty Free Shoppers Group Ltd., the Atlantic Philanthropies consists of the Atlantic Foundation, the Atlantic Trust and several smaller philanthropies based in Bermuda, Great Britain and Ireland. The Atlantic Philanthropies' purpose is to "bring about lasting changes that will improve the lives of disadvantaged and vulnerable people." They fund programs that fall within the following thematic areas: aging, disadvantaged children and youth, health of populations in developing countries and reconciliation and human rights. Geographically, the Atlantic Philanthropies focuses its philanthropic giving to the United States, the Republic of Ireland, Northern Ireland, Great Britain and South Africa.

The Atlantic Philanthropies focuses on two programmatic initiatives in South Africa: enhancing the health of populations and safeguarding human rights. Their health program aims to improve the health of disadvantaged people by strengthening health care systems, supporting preventative health endeavors and encouraging health policy reform. The Atlantic Philanthropies funds programs that build institutional capacity-- for example, funding the University of the Free State to add tenured faculty positions at the Health Sciences Institute. In 2002, they lent support to HIV/AIDS policy and prevention efforts through a grant to the South Africa-based Treatment Action Campaign. Moving forward, the Atlantic Philanthropies plans to broaden its health initiatives in South Africa to include the launch of a program on blindness prevention.

BILL AND MELINDA GATES FOUNDATION

P.O. Box 23350- Seattle, WA 98102

Telephone: 206-709-3180 - Website: www.gatesfoundation.org

The Bill & Melinda Gates Foundation was founded in January 2000 with the mission of bringing "innovations in health and learning to the global community." The primary goal of the foundation is to support organizations whose work helps to balance global inequities in health and educational opportunities. Within the United States, the foundation focuses on enhancing educational opportunities for the disadvantaged. The foundation also focuses on programs that benefit the Pacific Northwest. Internationally, the foundation has targeted its philanthropy toward global health initiatives. Overall, the Gates Foundation categorizes its funding by the following program areas: education, public library program, global health and the Pacific Northwest program.

In 2002, the Bill & Melinda Gates Foundation donated more than \$506 million to health initiatives around the world. The foundation's global health strategy is concentrated in three areas: researching and developing new methods to prevent and treat disease, testing novel medical approaches and providing treatment using proven medical interventions. In Africa, the foundation funds scientific and treatment advances in infectious diseases, HIV/AIDS and tuberculosis and reproductive and child health. Additional health-related funding is directed to Africa through larger global health initiatives such as the International Trachoma Initiative, the Global Alliance to Eliminate Lymphatic Filariasis, the Global Campaign to Eliminate Maternal and Neonatal Tetanus and the Global Alliance for Improved Nutrition in Children. The foundation is also a key partner with the Columbia University Mailman School of Public Health in the MTCT+ initiative, a program to prevent mother-to-child HIV transmission, and a major supporter of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Gates Foundation currently funds health-related projects throughout Africa with no geographic focus or limitations.

BRISTOL-MYERS SQUIBB FOUNDATION
345 Park Avenue - New York, New York 10154-0037
Telephone: 212-546-4000 - Website: www.bms.com

The Bristol-Myers Squibb Foundation serves as the philanthropic arm of this global pharmaceutical company. As such, the foundation aligns its corporate giving with the needs of the communities in which the company operates and with the company's vision of enhancing human life through improving health care. The Bristol-Myers Squibb Foundation funds projects in the following program areas: biomedical research, global women's education, science education reform and international health with a primary focus on AIDS in Africa. The foundation also facilitates the company's product donations throughout the world.

The Bristol-Myers Squibb Foundation funds its AIDS related activities in Africa through the SECURE THE FUTURE program. SECURE THE FUTURE is a program of the BMS Foundation that works in partnership with the Catholic Medical Mission Board, Yale School of Public Health, PriceWaterhouseCoopers Africa and UNAIDS. SECURE THE FUTURE works with national governments to identify and support sustainable HIV/AIDS programs. Roughly, 80% of the partnership's grants are targeted toward improving medical capacity, treatment and care. Specifically, this includes clinical trials for ARVs, opportunistic infections, nutrition, MTCT, and TB. SECURE THE FUTURE also provides support for community outreach, education and prevention efforts.

In 1999, the Bristol-Myers Squibb Foundation committed \$100 million dollars to the program to be distributed to five southern African countries (South Africa, Botswana, Namibia, Lesotho and Swaziland) over a five-year period. In 2001, the BMS Foundation broadened its reach, donating an additional \$15 million to the initiative. This funding was targeted toward enhancing HIV/AIDS care in West Africa. In West Africa, the partnership's philanthropy is focused on Mali, Burkina Faso, Senegal and Cote d'Ivoire.

Grantees include: University of Natal, South Africa; Harvard AIDS Institute; Princess Marina Hospital & Baylor College of Medicine; University of Stellenbosch; University of Cape Town; University of Witwatersrand; National Food Technology Research Center, Botswana; International Network of Nurse Scientists, CA; Medical Research Council; Wits Health Consortium; Research for the Future; National Association of Child Care Workers; Cotlands Baby Sanctuary HIV Infant Care Programme; AIDS Foundation of South Africa; Save the Children, Lesotho; Naledi Hospice; Holy Cross Hospice of Botswana; Lesotho Traditional Medical Practitioners Council.

BURROUGHS WELLCOME FUND
21 T.W. Alexander Drive- P.O. Box 13901
Research Triangle Park, NC 27709
Telephone: 919-991-5100 - Website: www.bwfund.org

The Burroughs Wellcome Fund (BWF) supports biomedical scientists whose research focuses on an area of science that is on the threshold of substantial advancement but is currently under-funded. To this end, BWF funds scientific research in the following broad program areas: basic biomedical sciences, infectious diseases, interfaces in science, science education and translational research. In 2002, the fund awarded grants to contribute to the advancement of scientific research worldwide.

In partnership with the Wellcome Trust, the Burroughs Wellcome Fund has supported efforts to improve African health through its "Infectious Diseases of the Tropical Developing World Program." These grants are made to scientists whose work represents the cutting edge of research into infectious and parasitic diseases such as malaria, African sleeping sickness, trachoma and tuberculosis that affect the overall health of Africans.

The Burroughs Wellcome Fund makes grants to scientists based in the United States and Canada, while the Wellcome Trust facilitates grants in the United Kingdom and the developing world. Past grants have been made to scientists whose studies are focused on infectious diseases in the African countries of Egypt, Gambia, Tanzania, South Africa, Zambia and Zanzibar.

The Burroughs Wellcome Fund is a member of the following partnerships: The Multilateral Initiative in Malaria; The Medicines for Malaria Venture; and the Plasmodium Falciparum Genome project.

CARNEGIE CORPORATION OF NEW YORK
437 Madison Avenue - New York, NY 10022
Telephone: 212-371-3200 - Website: www.carnegie.org

"The advancement and diffusion of knowledge and understanding" serves as the mission of the Carnegie Corporation of New York. At Carnegie, this vision is expressed through the Corporation's programs in education, international peace and security, international development and strengthening U.S. democracy. In fiscal year 2002, the Carnegie Corporation of New York appropriated more than \$146 million in grants in the United States and abroad.

The Carnegie Corporation does not fund health in Africa as a direct focus of its funding initiatives. However, through the corporation's program to "Strengthen African Universities," the Corporation has made significant contributions to improve and strengthen select health programs identified as priority areas of intervention by several African universities.

Carnegie Corporation grants support health-related programs at universities in South Africa, Uganda and Nigeria. With contributions totaling more than \$5.6 million from 2001-2003, these grants are contributing substantially to university-based programs in HIV/AIDS, oral health, laboratory services and capacity building for medical staff. At the University of Witwatersrand in South Africa, the Carnegie Corporation provided support for the development of an AIDS Research Institute. In Nigeria, Carnegie's institutional support to Obafemi Awolowo University encompassed several health-related program areas, including the development of a therapeutic drug-monitoring laboratory, drug monitoring training programs and oral health training and practice.

CHARLES STEWART MOTT FOUNDATION
1200 Mott Foundation Bldg
503 South Saginaw Street, Suite 1200 - Flint, MI 48502
Telephone: 810-238-5651 - Website: www.mott.org

Established in 1926, the Charles Stewart Mott Foundation aims to promote a "just, equitable and sustainable society" through its grantmaking initiatives. The foundation supports organizations working in its four program areas: civil society, environment, poverty and the Flint area initiative.

Through its "Civil Society" program, the Mott Foundation has been making grants in South Africa since 1988. The foundation works to support civil society through three primary objectives: (1) strengthening the nonprofit sector; (2) promoting citizen rights and responsibilities; and (3) improving race and ethnic relations.

The Mott Foundation does not fund health directly, but has provided funding to HIV/AIDS education and support programs that align with the above stated goals. For example, in 2001 the Mott Foundation supported Interfund, a South African organization that provides financial and other assistance to nonprofit groups. The grant supported a project to integrate HIV/AIDS education into Interfund's existing programs. Currently, the Mott Foundation's work on the continent is focused exclusively in South Africa and awards grants primarily to South African-based groups.

CONRAD N. HILTON FOUNDATION
100 West Liberty Street, Ste. 840 - Reno, NV 89501
Telephone: 775-323-4221 - Website: www.hiltonfoundation.org

The Conrad N. Hilton Foundation strives to alleviate the suffering of disadvantaged people. In keeping with the Last Will and Testament of its founder, the Foundation focuses on multi-year initiatives that serve children while simultaneously supporting the work of the Roman Catholic Sisters worldwide.

The foundation does not accept unsolicited proposals but rather funds long-term projects that are in keeping with its programmatic objectives: blindness-related services & prevention, early childhood education for children with disabilities, housing for the mentally ill homeless, hotel and restaurant management education and safe water development.

In Africa, the Foundation supports a major multi-million dollar effort to increase access to safe water and improved sanitation and hygiene. The West Africa Water Initiative (WAWI) was created by the Foundation to forge a multi-disciplinary collaboration in Ghana, Mali and Niger in an effort to eliminate the incidence of trachoma, guinea worm and other water-related disease through increased access to safe water and improved sanitation and hygiene. Additionally, in 13 African countries, the Foundation has aligned with The Carter Center, Helen Keller Worldwide, World Vision and/or the World Health Organization to eliminate the incidence of trachoma with a focus on the "F" and "E" components of the WHO-adopted SAFE strategy. "F" meaning face washing, "E" representing education and improved environmental changes.

The Conrad N. Hilton Foundation's annual humanitarian prize of a million dollars has honored several organizations noted for work on the Continent including AMREF, International Rescue Committee, Doctors without Borders, Operation Smile and SOS-Kinderdorf.

DAVID AND LUCILLE PACKARD FOUNDATION
300 2nd Street, Suite 200 - Los Altos, CA 94022
Telephone: 650-948-7658 - Website: www.packard.org

The David and Lucille Packard Foundation works to "ensure opportunities for all children to reach their potential, protect reproductive rights and stabilize world population, conserve and restore the earth's natural systems and encourage the creative pursuit of science." With grants of roughly \$200 million in 2002, the David and Lucille Packard Foundation provided support to nonprofit organizations around the world in three main thematic areas: conservation and science; population; and children, families and communities.

In 2002, the foundation donated more than \$7 million toward health-related programs in Africa. These grants were awarded in keeping with the foundation's population program, as all of the grants supported reproductive health efforts. Specifically, the Packard Foundation provides grants in the areas of family planning; reproductive health; and HIV/AIDS education, advocacy and leadership development.

The foundation accepts applications from grantees whose work benefits reproductive health efforts in Ethiopia, Nigeria and Sudan. From 2000 to 2003, about 52% of the foundation's grants supported programs in Ethiopia, 41% went to programs in Nigeria and approximately 7% supported projects in Sudan. The foundation generally provides support through multi-year grants, which range in size from \$50,000 to \$4,000,000.

The Packard Foundation's grantees have included: Ethiopia: DKT, Amhara Development Association, Oromia Development Association, Amhara Credit and Savings Institution, Oromia Credit and Savings Share Company, Engender Health, Pathfinder International, Marie Stopes International, Ethiopia Orthodox Church, Ipas, DSW, Private Agencies Collaborating Together (PACT) Family Guidance Association of Ethiopia, Family Health international, Save the Children, USA, Population Media Center, and Center for African Family Studies. Nigeria: Pathfinder International, Action Health Incorporated, Planned Parenthood Federation of America, ECWA Evangelical Hospital, Ipas, Rotary International, Center for Development and Population Activities, Association for Reproductive and Family Health, Management Strategies for Africa, and Campaign Against Unwanted Pregnancy. Sudan: Planned Parenthood Federation of America, Near East Foundation, Ahfad University for Women, Impact on Health, Population Media Center, Center for African family Studies, and UNFPA. The foundation is also a key partner in the MTCT+ program operated through Columbia University's Mailman School of Public Health, which aims to prevent mother-to-child HIV transmission.

DORIS DUKE CHARITABLE FOUNDATION
650 5th Ave., 19th Floor - New York, NY 10019
Telephone: 212-974-7000 - Website: www.ddcf.org

Established in 1996, the Doris Duke Charitable Foundation was founded to "improve the quality of people's lives" through philanthropic giving. This mission has found primary expression in the support of the performing arts, wildlife conservation, medical research and the prevention of child maltreatment. The foundation awarded its first grants in 1997. In 2003, the foundation expects to approve roughly \$14 million in new grants.

Overall, the Doris Duke Foundation's Medical Research Program is focused on supporting research in four disease areas: cancer, AIDS, cardiovascular diseases and sickle cell anemia. The foundation's philanthropy in Africa is focused on HIV/AIDS. Specifically, it supports clinical research, treatment initiatives and related organizational capacity building. Through its "distinguished clinical scientist awards," the foundation directly supports the work of U.S. researchers whose projects focus on the diagnostic and therapeutic monitoring of HIV/AIDS. The foundation has funded projects to evaluate treatment protocols for the prevention of mother-to-child HIV transmission and to examine the clinical management of HIV-

positive patients taking antiretroviral therapy in resource-poor settings. In 2001, the Doris Duke Foundation also funded the “small research grants” program in collaboration with the Rockefeller Foundation.

The foundation’s largest investment in Africa is its support of the Nelson R. Mandela School of Medicine at the University of Natal in Durban, South Africa. In keeping with its focus on building the capacity of international research, the foundation supported the building of a new medical research institute with two grants totaling \$1.8 million in 2002. Moving forward, the foundation has committed a total of \$2.25 million to foster the development of a collaborative HIV Pathogenesis Program between the Mandela School and Harvard Medical School.

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION
1140 Connecticut Ave., N.W. Suite 200 - Washington, DC 20036
Telephone: 202-296-9165 - Website: www.pedaids.org

The Elizabeth Glaser Pediatric AIDS Foundation was established in 1988 with a goal of “eradicating pediatric AIDS, providing care and treatment to people with HIV/AIDS, and accelerating the discovery of new treatments for other serious and life-threatening pediatric illnesses.” The foundation supports innovative advances in pediatric HIV/AIDS research through several programs: scientist awards, basic research grants, scientist workshops and think tanks, the “Call to Action” program and international leadership awards.

The Elizabeth Glaser Pediatric AIDS Foundation channels its international philanthropy in two ways. Beginning in 2002, the foundation began its international leadership awards program. The program was designed to support emerging scientists around the world who are at the cutting edge of pediatric AIDS care but who have few resources with which to make advances. These three-year, \$450,000 grants are designed to support scientific research and care at a country level. In the first two years of the program, four of the six award recipients were African scientists. The foundation also supports international AIDS care and treatment through its Call to Action program. Established in 1999, this program attempts to reduce the incidence of mother-to-child HIV transmission throughout the developing world. The project funds the development and maintenance of MTCT programs at health care clinics in rural and underserved communities in Africa.

The Call to Action program is currently active in more than 300 health care clinics in 17 countries around the world, including 11 African nations. The program is operational in Angola, Cameroon, Democratic Republic of the Congo, Kenya, Malawi, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe, and is expanding to other countries and regions.

EXXONMOBIL FOUNDATION
5959 Las Colinas Blvd. - Irving, TX 75039
Telephone: 972-444-1122 - Website: www.exxonmobil.com/corporate

In 2002, the ExxonMobil Foundation contributed more than \$98 million in charitable donations throughout the world. The ExxonMobil Foundation’s primary focus is to improve the communities in which the company lives and works. This vision has evolved into the development of several broad program areas under which the foundation concentrates its philanthropic efforts. They include education, environment, health, arts, minority- and women-oriented service organizations and public information and research.

The ExxonMobil Foundation in 2002 contributed more than \$5 million in health-related grants worldwide. Roughly, \$1.8 million of this investment was focused on health in Sub-Saharan Africa. The ExxonMobil Foundation’s primary focus has been on efforts to help prevent malaria, HIV/AIDS and tuberculosis. Specifically, these funds support education and research as well as the provision of bed nets and medicines. The largest of its health related programs

in Africa is the Malaria Initiative. Within this program, the foundation provides ongoing support to: the Harvard Malaria Initiative, Medicines for Malaria Venture and Roll Back Malaria.

The foundation focuses its giving on five primary countries where the Exxon Mobil Corporation has operations: Angola, Cameroon, Chad, Equatorial Guinea and Nigeria. Beyond these countries, the ExxonMobil Foundation also supports several initiatives, such as its malaria program, that are regional and/or Africa-wide. The foundation anticipates that its African health-related philanthropy in 2003 will be approximately \$2 million, with an additional \$900,000 in contributions from ExxonMobil's in-country organizations.

FIRELIGHT FOUNDATION

510 Mission Street - Santa Cruz, CA 95060

Telephone: 831-429-8750 - Website: www.firelightfoundation.org

Founded in 1999, the Firelight Foundation is the family foundation of Kerry Olson and David Katz. The Foundation's mission, "to support children in need," is manifest through the support of initiatives to serve children orphaned by HIV/AIDS in Sub-Saharan Africa. The Firelight Foundation's total giving in fiscal year 2003 is expected to exceed \$700,000.

The foundation supports organizations that target the needs of vulnerable children who have been orphaned or affected by the HIV/AIDS epidemic. The foundation's grants support efforts in the following specific areas: community support services, caregiver training and income generating activities, social and behavioral change activities, sexual abuse prevention, permanency planning and adoption, basic needs, youth leadership, education, medical assistance (medicines, physician visits, hospice care), psychosocial support and end-of-life care.

The foundation accepts applications from organizations working in Lesotho, Malawi, Rwanda, South Africa, Tanzania, Zambia and Zimbabwe. The Firelight Foundation also provides ongoing support to former grantees in Kenya, Uganda, Cameroon, Namibia and Ethiopia. Approximately 90% of the Firelight Foundation's grants are to Africa-based organizations. The foundation has worked in partnership with the American Jewish World Service and the Bernard van Leer Foundation to raise awareness of the needs of children impacted by HIV/AIDS in Africa.

Past grantees include: Global Strategies for HIV Prevention, Kenya; Teenage Mothers and Children Family Health Programme, Kenya; Salima AIDS Support Organization, Malawi; Botshabelo Babies Home, South Africa; Children's Rights Centre, South Africa; Association Francois-Xavier Bagnoud, South Africa; Maryknoll Sisters, Tanzania; National Coalition of Women Living with AIDS, Uganda; Foundation of Hope, Zambia; Kara Counseling & Training Trust, Zambia; Family AIDS Caring Trust, Zimbabwe; Child Protection Society, Zimbabwe; Farm Orphan Support Trust of Zimbabwe, Zimbabwe; and Girl Child Network, Zimbabwe.

FORD FOUNDATION

320 East 43rd Street - New York, NY 10017

Telephone: 212-573-5000 - Website: www.fordfound.org

Through its philanthropy around the world, the Ford Foundation aims to "strengthen democratic values, reduce poverty and injustice, promote international cooperation, and advance human achievement." In 2002, the foundation contributed over \$529 million in the following program areas: asset building and community development; peace and social justice; and knowledge, creativity and freedom.

The Ford Foundation funds health-related programs through its "Knowledge, Creativity, and Freedom" program. Specifically, the foundation supports nonprofit organizations throughout the world that focus on sexuality and reproductive health, including HIV/AIDS. On average, the foundation spends about \$8 million annually on health-related initiatives in Africa. Funded programs focus on HIV/AIDS prevention, institutional and technical capacity

building, gender equity, sexual abuse, home-based care, and health advocacy. The Ford Foundation views HIV/AIDS as a development issue in Africa and therefore funds HIV/AIDS-related projects under crosscutting program areas such as education, governance and poverty.

The Ford Foundation has four regional offices in Africa. They are located in Cairo, Egypt; Lagos, Nigeria; Nairobi, Kenya; and Johannesburg, South Africa. The Ford Foundation distributes grants in the following African countries: Egypt, Israel, Ghana, Kenya, Mozambique, Namibia, Nigeria, Palestine, Senegal, South Africa, Tanzania, Uganda, Zanzibar, and Zimbabwe.

Each year, the foundation allocates approximately \$2 million dollars per region toward health-related projects. Grantees include: African Medical Research Association, International HIV/AIDS Alliance, Human Science Research Council, Life Line, Durban, University of Pretoria, Save the Children Fund, University of Natal, National Association of People Living with AIDS, Mozambican Association for Family Development, Association for the Promotion of Traditional Medicine, Health Systems Trust, Society for Women & AIDS in Africa, Population Council International, Federation of Female Nurses and Midwives of Nigeria, Egyptian AIDS Society, AIDS Alliance of Nigeria, and University of Ghana.

FOUNDATION FOR HOSPICES IN SUB-SAHARAN AFRICA
990 Seventh North Street - Liverpool, NY 13088
Telephone: 315-634-2139 - Website: www.fhssa.org

Founded in 1999, the Foundation for Hospices in Sub-Saharan Africa (FHSSA) operates with the vision of providing dignified end-of-life care and support to people living with HIV/AIDS in sub-Saharan Africa. The foundation is both a fundraising and grantmaking organization working to support hospice and palliative care in Africa.

FHSSA supports African hospices in a number of important ways. In 2002, the foundation's grants program provided about \$180,000 in direct financial support to home-based hospice and palliative care programs in Africa. FHSSA also supports hospice programs through its "Partnership Initiative," a program that matches individual African hospice programs with U.S.-based partners. The program facilitates the exchange of expertise regarding end-of-life care, provides networking opportunities for U.S.- and Africa-based hospices, and the sharing of resources. Self-funded Annual Professional Hospice Seminar Tours are conducted by FHSSA to enhance the understanding of the work and conditions the hospice partners face in coping with the HIV/AIDS pandemic. Currently, there are 29 U.S. and African Hospice partners participating in this initiative.

The foundation supports home-based hospice programs in South Africa, Tanzania, Uganda, Zimbabwe, and Malawi. All of the foundation's grants are awarded directly to Africa-based NGOs. Noteworthy is that South Africa has about 90% of the current hospice programs in sub-Saharan Africa. Therefore, while it appears a disproportionate amount of funding is going to South Africa, it is in fact a reflection on the geographic distribution of hospice programs at present. In addition to individual home-based care hospice efforts, FHSSA has also supported efforts of the national hospice associations.

Efforts funded have included a Lutheran Hospice in Arusha, Tanzania to provide initial training to 25 Christian hospitals in the area to start home-based hospice care; the funding of nurse educator and direct service staff; the funding for education opportunities for general staff; and general hospice program operations.

GLOBAL GREENGRANTS FUND
2840 Wilderness Place, Suite E - Boulder, CO 80301
Telephone: 303.939.9866 - Website: www.greengrants.org

The goal of the Global Greengrants Fund is to support grassroots organizations in the area of environmental health. The fund makes small grants (\$500-\$5000) directly to start-up organizations in the area of international environmental health. The fund does not accept unsolicited applications but instead works to identify organizations whose work fits with their mission through their board of advisers.

On average, the Global Greengrants Fund allocates about \$38,000 per year to environmental health projects in Africa. These projects include pollution control, clean water initiatives, manufacturing clean-up, proper handling of pesticides and efforts to promote herbal medicine.

The fund does not place any geographic limits on its giving in Africa, but past grants primarily have focused on Eastern and Southern Africa (specifically South Africa, Mozambique and Kenya). All of Global Greengrants funding supports Africa-based organizations. Some of its grantees include: Climate and Development Initiatives, Uganda; Kilimanjaro Environment Facility, Tanzania; Physicians for Social Responsibility, Kenya; Greater Edendale Environmental Network, South Africa; Comboni, Mozambique; Association of Alternatives to Pesticides, Congo; Citizens for a Better Environment of Zambia, Zambia; and Pesticide Action Network, Senegal.

GLOBAL FUND FOR WOMEN
1375 Sutter Street, Suite 400 - San Francisco, CA 94109
Telephone: 415-202-7640 - Website: www.globalfundforwomen.org

Founded in 1987, the Global Fund for Women is both a fundraising and grantmaking organization that supports women's human rights organizations worldwide. In 2002, the Global Fund for Women awarded more than \$4.5 million in grants to women's rights groups. The fund organizes its giving around broad themes that influence women's wellbeing, including economic opportunity, girls' access to education, women's health and reproductive rights, violence against women, harmful traditional practices, women's political participation and lesbian rights.

In 2002, the Global Fund for Women made a total of one hundred grants in Africa, equaling \$1,171,481. The Global Fund for Women funds health-related programs in Africa as they pertain to women's health and reproductive rights. Such issues currently include: reproductive rights, HIV/AIDS/STDs, sexuality, female genital cutting, trafficking and prostitution, mental health, disability, sexual assault and environmental health. The fund estimates that approximately \$100,000 per annum of its grants in Africa either directly or indirectly support the above listed initiatives. While the fund has no geographic restrictions on its funding, the bulk of its grants have been made to West and East Africa, accounting for roughly 73% of its health-related grantmaking on the continent. All grants have been made directly to Africa-based grassroots organizations.

Grantees include: Cameroon Medical Women's Association, Cameroon; Foundation for Research on Women's Health, Productivity and the Environment, Gambia; Gambia Committee on Traditional Practices, Gambia; Society of Women Against AIDS in Africa, Ghana; Kenya Vulnerable Women Organization, Kenya; Women Fighting AIDS, Kenya; Reproductive Health Group, Liberia; Center for Women's Health and Information, Nigeria; SEVOTA, Rwanda; Sex Worker Education and Advocacy Taskforce, South Africa; Association of Women Medical Doctors, Uganda; Hope After Rape, Uganda; National Association of Disabled Women, Zambia; and Women Against HIV/AIDS, Poverty and Violence Trust, Zimbabwe.

HENRY J. KAISER FAMILY FOUNDATION
1450 G. Street, N.W., Suite 250 - Washington, DC 20005
Telephone: 202-347-5250 - Website: www.kff.org

The Kaiser Family Foundation is an independent operating foundation that develops and runs its own programs. As such, the foundation does not accept proposals but channels its philanthropy through the development and long-term operational support of its own projects. The foundation's work focuses on three main areas: health policy, media and public education and health and development in South Africa.

The Kaiser Family Foundation has been committed to ongoing improvements in health equity in South Africa for more than 15 years. Launched in 1999, LoveLife is the foundation's primary initiative in South Africa and serves as the national HIV-prevention program for the country's youth. The program combines a sustained, high-intensity multimedia education and awareness campaign with a countrywide effort to establish adolescent-friendly services in government clinics and a national network of community-level outreach and support for youth. LoveLife is implemented through a consortium of South African public health organizations in partnership with the South African government and a countrywide coalition of more than 100 locally based youth-serving organizations. The program receives additional support from the Bill and Melinda Gates Foundation, the Nelson Mandela Foundation, the Anglo American Corporation and the South African government.

Currently, the foundation supports 33 youth centers throughout South Africa where children and adolescents are taught about the importance of healthy reproductive choices, including monogamy and condom use, in preventing the spread of HIV. In 2002, the Kaiser Family Foundation committed approximately \$2 million to the ongoing support of the LoveLife initiative. The foundation is also a key partner in the MTCT+ program operated through Columbia University's Mailman School of Public Health, which aims to prevent mother-to-child HIV transmission.

INTERNATIONAL YOUTH FOUNDATION
32 South Street, Suite 500 - Baltimore, MD 21202
Telephone: 410-951-1500 - Website: www.iyfnet.org

The International Youth Foundation (IYF) was founded in 1990 as both a fundraising and grantmaking institution dedicated to improving the lives of children worldwide. The foundation makes grants within the following program areas: innovative learning, youth employment, life skills, youth participation and health education and awareness. In 2002, the International Youth Foundation granted more than \$7 million to projects in 49 countries.

Beginning in 2003, IYF is channeling its health-related philanthropy in Africa through the "Empowering Africa's Young People Initiative." This program -- in its inaugural year -- is a partnership between IYF, the World Association of Girl Scouts and Girl Guides, the World Organization of the Scout Movement, the World Alliance of YMCAs, the World YWCA, the International Federation of the Red Cross and Red Crescent Societies and the International Award Association. The initiative focuses exclusively on scaling up "best practice" models in HIV/AIDS prevention programs for African youth.

The "Empowering Africa's Young People Initiative" operates in Ghana, Kenya, Tanzania, Uganda and Zambia. This initiative will be driven through both regional and country level support for the partner organizations involved. With average annual grants of approximately \$13,000, the program plans to support only Africa-based nonprofit organizations.

IRENE DIAMOND FUND
375 Park Ave., Suite 3303 - New York, NY 10152
Telephone: 212-838-9525

Founded in 1997, the Irene Diamond Fund is a 501(c)(3) which supports a limited number of self-selected projects in medical research relating to AIDS/HIV, immunology, human rights, and the performing arts.

The Irene Diamond Fund focuses its philanthropy on the city of New York. The fund's support of health-related programs in Africa has been in keeping with its health-related focus on immunology and AIDS. Since 2001, the fund's program in Africa has been the support of a study of antiretroviral therapy in South Africa led by Dr. Gerald Fiedland of the Yale University School of Medicine. The Irene Diamond Fund has contributed more than \$400,000 to this project since its inception in 2001. In 2000, the Irene Diamond Fund also lent support to the Treatment Action Group, USA (TAG) and the South Africa-based Treatment Action Campaign (TAC) for treatment and research skills-building workshops. To date, the fund's health-related funding in Africa has been focused on programs for South Africa.

J.F. KAPNEK CHARITABLE TRUST
936 Dewing Ave., Suite E3 - Lafayette, CA, 94549
Tel: (925)962-7150 - Website: www.jfkapnektrust.org

Developed in 1966 by the Last Will and Testament of James F. Kapnek, the Charitable Trust is an extension of Mr. Kapnek's life-long commitment to the medical field and the country of Zimbabwe. In 2002, the trust supported education, research, and health programs in Zimbabwe.

Today, the J.F. Kapnek Charitable Trust contributes to health-related funding in Africa through its support of efforts to prevent mother-to-child HIV transmission (PMTCT). Working in partnership with Global Strategies for HIV Prevention, the Elizabeth Glaser Pediatric AIDS Foundation's Call to Action program, the Zimbabwean Ministry of Health National AIDS Coordination Program, the University of Zimbabwe's Zimbabwe AIDS Prevention Project (ZAPP) and the Zimbabwean Ministry of Health and Child Welfare, the trust contributes to the nationwide PMTCT project. The J.F. Kapnek Charitable Trust is responsible for supporting the implementation of this program in Zimbabwe.

The fund is currently exploring other opportunities to mitigate the impact of HIV/AIDS on children in Zimbabwe through its newly established "Pediatric AIDS Fund-Zimbabwe." The trust is considering plans to support complimentary programming in orphan care, educational programming for children, and the extension of the PMTCT program to include treatment for the parents of the children enrolled in the program.

JOHN D. AND CATHERINE T. MACARTHUR FOUNDATION
140 South Dearborn Street, Suite 1100 - Chicago, IL 60603
Telephone: 312-726-8000 - Website: www.macfound.org

The John D. and Catherine T. MacArthur Foundation seeks to "help groups and individuals foster lasting improvement in the human condition." The foundation's giving operates in the following program areas: global security and sustainability, MacArthur fellows, human and community development, program-related investments and the general program.

The MacArthur Foundation focuses its grantmaking in Africa under its "Global Security and Sustainability Program." Within this program, the foundation provides support to programs in Sub-Saharan Africa that work in biodiversity conservation in Madagascar and the Congo and in reproductive health, human rights, and higher education promotion in Nigeria. The foundation also funds integrated work in the Niger Delta. With an annual budget of

approximately \$2.3 million, 70% of the foundation's funding goes directly to Africa-based institutions.

The foundation provides all of its health-related philanthropy in Africa to Nigerian reproductive health efforts, specifically focusing on the reduction of maternal mortality and increasing young people's sexual and reproduction health. The foundation is also a key partner in the MTCT+ program operated through Columbia University's Mailman School of Public Health, which aims to prevent mother-to-child HIV transmission. In 2001, the MacArthur Foundation donated \$5 million to the MTCT+ initiative.

Additional grantees include: Campaign Against Unwanted Pregnancy, Civil Society Consultative Group on HIV/AIDS in Nigeria, EngenderHealth, Family Health and Population Action Committee, Society for Women and AIDS in Africa, International Women's Health Coalition, Society of Gynecology and Obstetrics of Nigeria, Centre for Population Activities and Education Development, Grassroots Health Organization of Nigeria, Center for Communication and Reproductive Health Services, Nigerian Partnership for Safe Motherhood, and Adolescent Health and Information Project.

JOHN M. LLOYD FOUNDATION
11777 San Vicente Blvd., Suite 745 - Los Angeles, CA 90049
Telephone: 310-622-1050 - Website: www.johnmlloyd.org

Created by John M. Lloyd in 1991, the foundation funds programs that address the root causes of the AIDS epidemic, on both national and international levels. The foundation seeks to improve policies related to human rights and HIV/AIDS, broaden access to treatment and care, enhance AIDS awareness and education efforts and develop leadership and capacity building at both the organizational and national level.

In 2002, the foundation granted 27% of its total annual budget, or \$145,000, to programs addressing an array of Africa-focused HIV/AIDS programming needs. Although the foundation began primarily funding health care and service provision, the Lloyd Foundation's grantmaking priorities have shifted to HIV/AIDS education and prevention and policy initiatives over the last ten years. Past grantees include: Society for Women & AIDS in Kenya, Columbia University-Mailman School of Public Health, Global Strategies for HIV Prevention, The Hastings Center, and Massachusetts General Hospital (South Africa Nursing Forum). Beginning in 2003, the John M. Lloyd Foundation will exclusively focus its funding, both local and international, on HIV/AIDS public policy.

While the foundation has no geographic restrictions on its grantmaking in Africa, the foundation's 2002 grants were focused in the following regions and countries: East Africa (13.7%), sub-Saharan Africa (22.6%), Kenya (27.2%), Rwanda (.03%), South Africa (21%), Tanzania (.02%), and Zimbabwe (13.7%). Approximately 83% of the foundation's grants have been awarded to U.S.-based organizations.

LEVI STRAUSS FOUNDATION/LEVI STRAUSS AND CO.
1155 Battery Street, 2nd Floor - San Francisco, CA 94111
Telephone: 415-501-6579 - Website: www.levistrauss.com/responsibility/foundation/

The Levi Strauss Foundation supports global programs that address the following issues: "preventing the spread of HIV/AIDS; increasing economic development opportunities; and ensuring access to an education." The foundation's grantmaking prioritizes projects that meet a combination of these interrelated objectives.

Since 1985, Levi Strauss has remained committed to funding HIV/AIDS prevention programs around the world. Their contributions to date exceed \$25 million to nonprofit organizations in more than 40 countries worldwide. The Levi Strauss Foundation and the Levi Strauss Company fund health programs in Africa that focus on HIV/AIDS, with an emphasis on HIV/AIDS prevention programs. Beginning in 2003, they will also fund HIV/AIDS through a

special initiative that supports the integration of HIV/AIDS, education and economic development.

Levi Strauss' health-related philanthropy is targeted specifically toward South Africa, with all of the foundation's grants going to support local organizations in that country. In 2002, Levi Strauss granted approximately \$100,000 to HIV/AIDS prevention efforts in South Africa. That year, its largest donation was to the Western Cape Networking AIDS Community of South Africa in support of HIV/AIDS awareness and prevention workshops in the Capetown area. In 2003, the foundation anticipates combined contributions of roughly \$250,000 for health-related projects in South Africa. About 40% of this amount will be allocated toward HIV/AIDS prevention projects and about 60% will go toward the foundation's initiative on HIV/AIDS, education and economic development.

Past grantees include: Community Health Media Trust, Grassroots Adult Education & Training Trust, Sex Worker Education & Advocacy Taskforce, South African National Tuberculosis Association, TB Alliance Dots Support Program, Western Cape Networking AIDS Community of South Africa, Society for Family Health, St. John Ambulance Foundation, and Zwelethemba (Nompilo) Health Project.

McKNIGHT FOUNDATION

710 Second Street South, Suite 400 - Minneapolis, MN 55401

Telephone: 612-333-4220 - Website: www.mcknight.org

The McKnight Foundation was founded in 1953 by William and Maude McKnight. The foundation began its formal grantmaking program in 1974 as both a responsive and strategic grantmaking initiative. The foundation's philanthropy is focused in the following program areas: Arts, Children & Families, Environment, Region and Communities, Research and International.

The McKnight Foundation's Africa program primarily is dedicated to supporting women's economic and social empowerment. The program also has a secondary focus supporting issues related to orphans and vulnerable children. Although the McKnight Foundation does not directly support health programs in Africa, it does fund health-related projects through both of these program areas. In 2002, the McKnight Foundation funded three projects that directly supported AIDS orphans, totaling \$850,000 in contributions.

The McKnight Foundation's giving in Africa is directed toward Tanzania, Uganda and Zimbabwe. Of the foundation's total annual grantmaking in Africa, approximately 45% is allocated to programs in Tanzania, 45% to Uganda and 10% to Zimbabwe.

Past grantees include: Foundation for AIDS Orphaned Children (for assistance to AIDS orphaned children and widows), Goal Uganda (for a program that provides education, vocational training and medical assistance to AIDS orphans), and Agape Christians Books Center (for vocational education for orphans).

OPEN SOCIETY INSTITUTE

400 West 59th Street - New York, NY 10019

Telephone: 212-548-0600 - Website: www.soros.org

The Open Society Institute's (Soros Foundation) initiatives address specific issue areas on a regional- or network-wide basis worldwide. OSI and the foundations, established and supported by investor and philanthropist George Soros, seek to "strengthen open society principles and practices against authoritarian regimes and the negative consequences of globalization." The initiatives within the Soros network support efforts in civil society, education, media, public health and human and women's rights, as well as social, legal and economic reform.

In Africa, OSI foundations has two regional foundations, the Open Society Initiative for Southern Africa (OSISA) and the Open Society Initiative for West Africa (OSIWA), and one

national foundation, the Open Society Foundation for South Africa (OSF-SA). The two regional foundations make grants in 27 African countries. In 2002, OSI allocated approximately \$1.4 million to health initiatives in Africa, with 38% of the funding targeted towards programs in South Africa, 30% to programs in Southern Africa (excluding South Africa), and 32% to projects in West Africa. Approximately 90% of this funding went toward HIV/AIDS-related programs, including palliative care for people with AIDS. The remaining 10% was allocated toward other health-related programs, such as those that address school-based violence and malaria. OSI primarily funds Africa-based organizations, with only 5% of its funding supporting projects operated by U.S.-based organizations.

Funding priorities differ slightly by foundation, but as a whole OSI fosters an integrated response to the AIDS crisis by funding AIDS under cross-cutting program categories. OSISA was established in 1997 and oversees grants in Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe. OSISA's programs broadly focus on economic reform, education, human rights, democracy building and media. Health-related funding is in keeping with an integrated response to these themes.

OSIWA, established in 2000, provides grants to organizations working in the areas of human rights (including women's political and economic empowerment); democracy and governance; information and communications technologies; legal reform and transitional justice; and HIV/AIDS. OSIWA focuses its support in the area of HIV/AIDS at the national level, while also funding community-level projects targeting marginalized groups, specifically women and children. OSIWA funds single- and multi-country projects in Benin, Burkina Faso, Cameroon, Cape Verde, Chad, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo.

OSF-SA was founded in 1993 to promote democracy, a market society, a strong civil society and respect and tolerance for minorities and differing opinions. OSF-SA "encourages new approaches and ideas that contribute to the creation of an open society in South Africa." OSF-SA's priority areas include education for local government; media, with a focus on community radio; mathematics, science and technology education; human rights, with a focus on development of democratic principles; and criminal justice. Again, health-related funding is incorporated within the foundation's priority areas.

Some of OSI's grantees include: Justice Africa, Foundation for Hospices in Sub-Saharan Africa, Hospice Association in South Africa, Medical Education for South African Blacks (Palliative Care Initiative), and Panos Institute.

THE OVERBROOK FOUNDATION

122 East 42nd Street, Suite 2500 - New York, NY 10168

Telephone: 212-661-8710 - Website: www.overbrook.org

The Overbrook Foundation, located in New York City, is a family foundation established in 1948 by Frank and Helen Altschul. The Overbrook Foundation strives to improve the lives of people by supporting projects that protect human and civil rights, advance the self-sufficiency and well being of individuals and their communities, and conserve the natural environment. The Foundation recognizes the importance of a strong community that promotes health, education and opportunity for all of its members. The Foundation values the individual rights of all people and encourage the discussion and analysis of public issues. The Foundation supports projects both domestically and internationally (with a particular focus in Latin America and South Africa). Generally speaking, the Foundation's domestic programs support policy development, advocacy, coalition building, research, legal and other strategies likely to impact large classes of people or shape issues important to the Foundation's mission. Through its international funding, the Foundation also supports organizations providing direct services.

The Foundation supports a range of activities, including a Youth Program that provides low-income adolescents and young adults with opportunities to develop leadership skills, practice active citizenship, and foster creativity; an Environment Program that supports organizations working to develop better consumption and production habits in the United

States and in Latin America (currently Brazil, Mexico and Ecuador only; in Latin America the primary objective is to conserve the planet's dwindling biodiversity) and a Human & Civil Rights Program that provides support to the reproductive health rights; domestic criminal system reform efforts; lesbian, gay, bisexual and transgender rights; gun violence prevention and international human rights. An emphasis is placed on work that protects the rights of children and women. Currently the Foundation has an endowment of approximately \$133.6 million and awarded \$7.6 million in grants during 2002.

PFIZER FOUNDATION
235 East 42nd Street - New York, NY 10017
Telephone: 212-733-2323 - Website: www.pfizer.com

The Pfizer Foundation's grantmaking falls into the following program areas: Global Health, Science Education and the active involvement of Pfizer employees in the communities where they live and work.

In terms of Global Health, the foundation focuses in three areas: international HIV/AIDS training and capacity-building in Africa and Asia, strengthening patient organizations in Europe and Asia, and supporting programs in communities where Pfizer colleagues work and live.

Pfizer Inc. and the Pfizer Foundation funds health in Africa in several different ways. The International HIV/AIDS Initiative supports HIV/AIDS-related training and capacity-building programs in Africa and Asia. As of the end of 2003, the Pfizer Foundation will have provided approximately \$4 million in HIV/AIDS grants in Ghana, Kenya, Lesotho, Malawi, Mozambique, Rwanda, Senegal, South Africa, Tanzania, Uganda, Zambia, Zimbabwe and Swaziland.

HIV/AIDS funding through Pfizer Inc. is targeted towards both patients and providers. Through the Diflucan Program, Pfizer donates its anti-fungal medicine, Diflucan (fluconazole), for the treatment of two opportunistic infections associated with HIV Infection. The program includes not only the provision of medicine, but the training of health care providers in the appropriate diagnosis and treatment of cryptococcal meningitis and esophageal candidiasis. In addition, Pfizer allocated \$2 million in grants in 2002 to both U.S.- and Africa-based programs to support NGOs in the expansion of the Diflucan Program.

In a large scale effort to support HIV/AIDS research care and training, Pfizer and the Pfizer Foundation committed \$11 million toward the establishment of the HIV/AIDS Clinical Care Facility at the Makerere University Medical School in Kampala, Uganda, in 2002. This facility will serve as a regional training center for medical professionals in HIV/AIDS care and will provide direct patient care to both adults and pediatrics. The facility is expected to be completed in 2004.

Pfizer also supports the International Trachoma Initiative (ITI) to eliminate trachoma, the world's leading cause of blindness, by 2020. Pfizer has provided more than \$200 million worth of Zithromax, an azalide antibiotic that can treat trachoma infections with a single oral dose given once a year. Through the ITI's efforts, trachoma has been reduced by more than 90% in Morocco, and 75% in Tanzania.

Recently launched in 2003, the Global Health Fellows program makes Pfizer employees available to support organizations that are actively addressing the health needs of those in Africa, Asia, Eastern Europe and Latin America. In partnership with international NGOs, Pfizer employees are bringing their skills as epidemiologists, physicians, scientists, and educators to address maternal/child HIV transmission; workplace HIV/AIDS awareness; prevention education for high risk youth; malaria; and improving laboratory capacity.

PUBLIC WELFARE FOUNDATION
1200 U. Street, N.W. - Washington, DC 20009
Telephone: 202-965-1800 - Website: www.publicwelfare.org

The Public Welfare Foundations's health-related grantmaking in Africa is focused on reproductive health and rights and HIV/AIDS prevention, education and advocacy. In 2002, the foundation donated approximately \$600,000 to health-related programs in Africa, equaling about 20% of its total health budget for that year. In 2002 and 2003, the foundation's grantees included: Community Development and AIDS Outreach Project, South Africa (AIDS education); Harvest of Hope Community Centre, Kenya (AIDS education); Barfrow, Gambia (education on female genital cutting); and Masimanyane Women's Support Center, South Africa (AIDS education and community outreach).

The Public Welfare Foundation does not have any geographic limits to its health funding in Africa. The foundation is currently funding projects in Sudan, Gambia, Swaziland, Guinea, Mali, Burkina Faso, Senegal, South Africa, Kenya and Egypt. The foundation's HIV/AIDS-specific funding is primarily targeted toward South Africa and Kenya.

Grantees include: Community Development and AIDS Outreach Project, South Africa; Masimanyane Women's Support Centre, South Africa; Tugela AIDS Programme Trust, South Africa; UmAfrika AIDS Awareness Youth Project, South Africa; Planned Parenthood Federation of the Sudan, NY; Women's Health Project, South Africa; Research Action Information Network for the Bodily Integrity of Women (RAINBOW), NY; and BAFROW, The Gambia.

ROCKEFELLER BROTHERS FUND
437 Madison Ave., 37th Floor - New York, NY 10022
Telephone: 212-812-4200 - Website: www.rbf.org

Founded in 1940, the Rockefeller Brothers Fund promotes social change that contributes to a more just, sustainable, and peaceful world. The fund focuses its strategic philanthropy in four program areas: democratic practice, sustainable development, peace and security and human advancement. Within this framework, the Rockefeller Brothers Fund supports programs that integrate these principals within several "pivotal places," namely New York City, South Africa and Serbia/Montenegro.

The Rockefeller Brothers Fund has worked in South Africa since the 1960s promoting human rights. Since the fall of apartheid, the fund has focused its work in three main areas: basic education, orphans and vulnerable children and most recently AIDS as a development issue. The main purpose of the South Africa program is to increase and improve the quality and accessibility of basic education. Since 2001, the Fund has supported health-related (predominantly HIV/AIDS) projects within the framework of its education and training initiatives. Beginning in 2002, the RBF added a program that directly targets AIDS orphans and vulnerable children. This year, the fund launched a third initiative addressing AIDS as a development issue. This program aims to assess the impact of HIV/AIDS on sustainable development, peace and security and democratic practice. The program's goal is to foster integrated approaches to the AIDS crisis.

In fiscal year 2003, the fund's overall funding in South Africa is estimated at \$1,225,000. In 2002 and 2003, the fund supported the following programs: University of Cape Town (to projects of its Children's Institute for Orphans and Vulnerable Children); Western Cape AIDS Networking Agency (to its Children's HIV/AIDS Project); Association for Training and Resources in Early Education (to "Meeting the Needs of Young Children Affected by HIV/AIDS" project); Cooperative Organization for the Upgrading of Numeracy Training (to develop in-service teacher training model that integrates literacy, numeracy and HIV/AIDS for primary school teachers); and Institute of Training and Education for Capacity Building (to in-service trainings for primary school teachers on HIV/AIDS).

ROCKEFELLER FOUNDATION
420 5th Ave. - New York, NY 10018
Telephone: 212-869-8500 - Website: www.rockfound.org

Founded in 1913 by John D. Rockefeller, the foundation's mission is to "further the well-being of mankind throughout the world." This mandate has been expressed through the foundation's strategic philanthropy across the past 90 years. The Rockefeller Foundation is a knowledge-based foundation that seeks to redress the inequities of the poor and underserved through its grantmaking. The foundation organizes its philanthropy around four broad themes: Creativity & Culture, Food Security, Health Equity, and Working Communities. A cross-theme of global inclusion supports, promotes and supplements the work of the themes. The foundation also supports a number of broader regional and global initiatives that align with its strategic focus. In 2002, the foundation allocated grants in excess of \$140 million around the world.

In 2002, the Rockefeller Foundation's health-related philanthropy totaled approximately \$29 million worldwide. The foundation focuses on fostering health equity through the support of research and treatment initiatives that further access to effective health care in developing nations. The foundation supports research leading to new advances in medicine and science, including vaccine and microbicide development. The foundation also funds disease surveillance and the monitoring and assessment of antiretroviral drug programs in developing countries. The foundation serves as a key stakeholder in the MTCT+ project, operated through Columbia University's Mailman School of Public Health by contributing more than \$6 million for Sub-Saharan Africa (22.6%), to the initiative in 2002.

TURNER FOUNDATION
133 Luckie Street, 2nd Floor - Atlanta, GA 30303
Telephone: 404-681-9900 - Website: www.turnerfoundation.org

The Turner Foundation was established in 1990 by Ted Turner with the goal of preserving the environment throughout the world. The foundation funds according to four core areas of focus: water and toxins, energy and transportation, habitat, and population.

The Turner Foundation's population program aims to address global population growth by supporting programs that increase access to family planning and reproductive health services. Grants made within this area support direct services, education, policy and advocacy. The foundation funds both national and international population programs, with grants totaling more than \$4 million in 2001. The Turner Foundation has no geographic limits to its grantmaking in Africa; however, past grants have focused on Nigeria, Uganda and Kenya. Grantees include: Action Health Inc., Nigeria; Pacific Institute for Women's Health, Uganda; and Population Council, Kenya. From 2000 to 2002, the foundation made roughly \$180,000 in grants to Africa-based population programs.

The foundation has also sent support to a number of U.S.-based programs in support of their reproductive health work in Africa. They include: the Alan Guttmacher Institute, World Population Foundation, World Neighbors, Population Services International, Center for Development and Population Activities, CARE, Global Fund for Women, Pathfinder International, International Women's Health Coalition and RAINBOW- Research, Action and Information Networking for the Bodily Integrity of Women. The foundation estimates that its Africa-focused grants accounted for roughly 15% of total population grants from 2000 to 2002. The foundation is currently accepting grant applications on an invitation-only basis.

UNITED NATIONS FOUNDATION
1225 Connecticut Avenue, NW, 4th Floor - Washington, D.C. 20036
Telephone: 202-887-9040 - Website: www.unfoundation.org

The mission of the United Nations Foundation is to promote “a more peaceful, prosperous, and just world through the support of the United Nations and its Charter.” Specifically, the foundation focuses on four primary areas of interest: children's health; environment; peace, security and human rights; and women and population.

The UN Foundation supports a variety of child health activities in Africa. With roughly \$170 million in investments to date, the foundation's “Children's Health” program covers all of sub-Saharan Africa. The initiative aims to support preventive health care for Africa's children, including the provision of immunizations (71%), micronutrients, HIV/AIDS prevention and tobacco control. The foundation's primary partners for its children's health initiative are WHO and UNICEF. The children's health program works in partnership with national government agencies, multilateral development banks, foundations, NGOs and private corporations. The foundation's partners include: CDC, USAID, World Bank, the Bill & Melinda Gates Foundation, the Rockefeller Foundation, American Red Cross and Rotary International.

The UN Foundation's “Women and Population” initiative has invested approximately \$51 million in Africa-focused programs since its inception. The foundation supports programs that improve the quality of and access to reproductive health programs for women, counter gender-based violence and prevent HIV/AIDS transmission. The foundation has made grants in Angola, Benin, Botswana, Burkina Faso, Comoros, Kenya, Lesotho, Malawi, Mauritania, Mozambique, Nigeria, Sao Tome and Principe, Senegal, South Africa, Swaziland, and Tanzania. The UN Foundation also supports several regional and sub-regional programs. In West and Southern Africa, the UN Foundation funds the “Improving the Lives of Adolescent Girls” program, which focuses on development in West Africa and HIV/AIDS prevention in Southern Africa. The UN Foundation's “Women and Population” program primarily funds WHO, UNFPA, UNICEF, UNDP and UNIFEM projects. The foundation's women and population initiatives work in partnership with the World Bank, the Packard Foundation, William and Flora Hewlett Foundation, Bill & Melinda Gates Foundation, Rockefeller Foundation, Pfizer and Merck, as well as numerous NGOs, including the Population Action International, International Women's Health Coalition and Family Care International.

The foundation is also a key partner in the MTCT+ program operated through Columbia University's Mailman School of Public Health, which aims to prevent mother-to-child HIV transmission.

W.K. KELLOGG FOUNDATION
1 Michigan Ave., East - Battle Creek, MI 49017
Telephone: 269-968-1611 - Website: www.wkkf.org

Founded in 1930 by Will Keith Kellogg, the foundation's mandate is to “help people help themselves through the practical application of knowledge and resources to improve their quality of life and that of future generations.” The Kellogg Foundation aligns its grantmaking with four programmatic areas of interest: health; food systems and rural development; youth and education; and philanthropy and volunteerism. The foundation's philanthropy is targeted to the United States, Latin America and the Caribbean and Southern Africa. In 2002, the Foundation's total giving exceeded \$444 million dollars disbursed to more than 1,700 projects.

In 2002, the Foundation gave \$16 million to programs in Southern Africa, representing 7% of its total annual expenditures. The foundation focuses its grantmaking in Africa in the following thematic areas: strengthening the capacity of communities, strengthening leadership capacity and organizational and institutional development. Through its grantmaking programs, the foundation aims to support human capital and social infrastructure by building leaders and supporting higher education and community development. Through its focus on building leadership and organizational capacity, the foundation has made a substantial impact on health

care in Africa. Past Foundation grants have supported capacity building activities at organizations working in the areas of domestic violence, HIV/AIDS, nutrition, primary care, child health and disability and reproductive health.

With between \$2-3 million in health-related grants annually, the Kellogg Foundation focuses its philanthropy in six Southern African countries: Botswana, Lesotho, Mozambique, South Africa, Swaziland and Zimbabwe. The Kellogg Foundation's health-related grantmaking has supported entirely Africa-based organizations, including: Health Systems Trust; Educational Support Services Trust; Medical Education for South African Blacks; Ministry of Health, Lesotho; Ministry of Health, Swaziland; Ministry of Health, Zimbabwe; National Progressive Primary Care Network; Population Services of Zimbabwe; McCord Hospital; Sinosizo Home-based Care, South Africa; Women Against Rape; and Human Sciences Research Council.

WILLIAM & FLORA HEWLETT FOUNDATION
2121 Sand Hill Rd. - Menlo Park, CA 94025
Telephone: 650-234-4500 - Website: www.hewlett.org

Established in 1966, the William and Flora Hewlett Foundation aims to enhance the well-being of humanity through the philanthropic support of organizations working in conflict resolution, education, environment, performing arts, population and U.S.-Latin American relations.

The foundation's health-related funding in Africa is a component of its larger global focus of supporting population programs. Within the theme of population, the foundation prioritizes its funding to organizations that focus on impacting population policies, improving the delivery of family planning and reproductive health services and evaluating the impact of educational and economic development programs on fertility. The foundation supports programs whose work combines research and policy development with program implementation and evaluation.

The purpose of the foundation's population-based grants in Africa has been to lend overall organizational support rather than direct program support. The focus of the program is on developing countries, with grants primarily made to U.S.-based organizations. There are no geographical restrictions on the Hewlett Foundation's giving in Africa. Specific grants have been targeted to South Africa, Ethiopia and Sudan. More often, the foundation supports general support initiatives that have a regional focus and therefore, are not targeted to a particular country. From 2000 to 2003, grantees have included: African Medical and Research Foundation, Margaret Sanger Center for work in South Africa, African Population and Health Research Center, Save the Children, EngenderHealth, Population Council, International Planned Parenthood Federation Africa Region. The Hewlett Foundation is also a key partner in the Columbia University Mailman School of Public Health MTCT+ project that aims to reduce the incidence of mother-to-child HIV transmission. The foundation contributed \$1 million to this initiative in 2001.

APPENDIX M: TOP FOUR IRREGULAR FUNDERS: HEALTH GRANTMAKING SUMMARIES

THE STARR FOUNDATION

70 Pine Street, 14th Floor - New York, NY 10270

Telephone: 212-770-6881 - Website: www.fdncenter.org/grantmaker/starr

The Starr Foundation was established in 1955 by Cornelius Vander Starr, an insurance entrepreneur who founded the American International family of insurance and financial services companies, now known as American International Group, Inc.

The Foundation currently has assets of approximately \$3.5 billion, making it one of the largest private foundations in the United States. It makes grants in a number of areas, including education, medicine and healthcare, human needs, public policy, culture and the environment. The Foundation operates scholarship programs that assist specific groups of students in their pursuit of post-secondary education), medicine and healthcare (increasingly important areas to the Foundation. The Foundation's grants in these areas are far ranging, including capital grants to hospitals, significant research grants and grants to assist in the provision of healthcare to under-served communities in New York City and overseas. The Foundation focuses its funding of research projects at New York City hospitals and research centers. The Foundation rarely funds local charities outside of New York City but may fund national organizations that serve communities outside of New York), public policy on international relations and the promotion of democratic institutions around the world, and culture, including large cultural institutions and cultural exchange organizations.

THE WILLIAM H. DONNER FOUNDATION

60 East 42nd Street, Suite 1651 - New York, New York 10165

Tel 212-949-0404 or 212-949-5213 - Fax 212-949-6022

Telephone: 212-949-0404 - Website: www.donner.org/index.html

The William H. Donner Foundation developed out of the International Cancer Research Foundation, established by William H. Donner in 1932, and was incorporated in 1961 in Washington, D.C. The Foundation is currently in a state of transition and no longer states a funding preference. They provide general/operating support and funding for program development. Past granting activities have included the areas of International Development and Peace, and in 2000 they donated a significant amount to Africare, an organization that works for empowerment of caregivers to AIDS orphans in Nigeria and Zanzibar and HIV/AIDS prevention and control in Tanzania.

THE ROBERT WOOD JOHNSON FOUNDATION

P.O. Box 2316 - College Road East and Route 1 - Princeton, NJ 08543

Telephone: 888-631-9989 - Website: www.rwjf.org

The Robert Wood Johnson Foundation seeks to improve the health and health care of all Americans, supporting training, education, research (excluding biomedical research), and projects that demonstrate the effective delivery of health care services. Grantees include: hospitals; medical, nursing, and public schools; hospices; professional associations; research organizations; state and local government agencies; and community groups. In Africa RWJF is funding the prevention of mother-to-child transmission of HIV through the Mailman School of Public Health at Columbia University.

RASKOB FOUNDATION FOR CATHOLIC ACTIVITIES, INC.
10 Montchanin Road - P.O. Box 4019 - Wilmington, DE 19807
Telephone: 302-655-4440 - Website: www.rfca.org/staff.htm

Established in 1945, the Raskob Foundation is an independent private Catholic Family Foundation that makes grants for projects and programs associated with the Catholic Church. The Raskob Foundation's purpose is to engage in exclusively religious, charitable, literary and educational activities that will aid the Roman Catholic Church and institutions and organizations identified with it. The Foundation is international in scope, accepting applications from around the world. Since Mr. Raskob's death in 1951, the Foundation has grown to over \$155 million in assets and has distributed over \$100 million in grants to Roman Catholic organizations and programs throughout the world.



VISION AND MISSION

AGAG'S VISION is to be a resource for foundations and their staff members to enable them to be more effective in their work so that they, in turn, can better serve their grantees in Africa.

AGAG'S MISSION is to encourage increased and more effective foundation funding in Africa.

STRATEGIC DIRECTIONS 2004-2006

To achieve this mission, AGAG has identified two related strategic directions that capitalize on its comparative advantage:

KNOWLEDGE BUILDING

AGAG is committed to creating knowledge about the U. S. grantmaking community, including mapping where foundations are working and analyzing strategic grantmaking approaches. AGAG works also to build knowledge among its member foundations about major development initiatives in Africa that affect the grantmaking context.

KNOWLEDGE SHARING

AGAG is committed to creating networking opportunities for the staff of member foundations so they can more easily form professional relationships, share information, and explore opportunities for collaboration. AGAG also disseminates information about the field of foundation funding in Africa to the larger foundation community and, as resources permit, to other stakeholders.

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